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Mailing Address

1432 W. UNIVERSITY AVENUE

GAINESVILLE FL 32603-1932

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066121 (1)

DAVIMAR CORPORATION

Principal Place of Business

5529 S.W. 97TH TERR. GAINESVILLE FL 33608

						3. Date Incorporated or Qualified	3a. Dal	le of Last	Report
						08/25/1995 10/14/1996			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	1 10/		Applied For
····າ	invo en pigame 35	26				59-3336590			Not Applicable
tt Suite: Apt	# 010	Suite, Apt. #, etc.				39 3330380			Additional
22]		 -	551.5, 742. 11, 550.			Certificate of Status Desired			Required :
City & Stat	le	City & State				6. Election Campaign Financing		\$5.0	0 May Be
3		28				Trust Fund Contribution			d to Fees
Ζφ	Country Zip		Co	intry		8. This corporation has liability for intangible tax under s. 199.032,			
4	25 29 30		30			Florida Statutes			
	Name and Address of Current	ent Registered Agent				10. Name and Address of New Re	gistered A	gent	
CU	LLEY, H D			81	Name				
	29 S.W. 97TH TERR.			82	Street Addre	ss (P.O. Box Number is Not Acceptab	Jo)		
GAINESVILLE FL 32608				"	Oliect Addie	TO BOX MUMBER IS NOT ACCEPTAGE	10)		
Ų.	MEGVIELE I E GEGGG			83					
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				84	City		FL	85 Zi	p Code
agent i a	an familiar with, and accept the obli				nt signature require	Whon (pinelating)	DATE	<u></u>	
SIGNATURE Scientific Species publications of registered agent one bled applicable. (NOTE Registere 12. OFFICE RS AND DIRECTORS 13.				O VÃO	nt signature redone	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
Tigut			1.1 TITLE		2001101070171100010 10 01110		Chang		
NAME	CULLEY, H D		121		- 1				
			,		ADDRESS				
STREET ADORESS	GAINESVILLE FL 33608								
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	D CHILEY ISAN D	- printe				,		r viend	e First Londing
NAME	CULLEY, JEAN D		221						
STREET ADDRESS	1				ADDRESS				
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11116		☐ DELETE	3.1 7		1			Chang	e 🔲 Additi
NAME			3.2 N						
STREET ADORESS			3.3 5	TREET	ADDRESS				
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4 2 NAME

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated information and cated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Black 12 or Black 13 if changed, or on an attachment with an address.

in Section 119 07(3)(i). Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; that as required by Chapter 607, Florida Statutes, and that my flame

SIGNATURE

MAME SEREEL ADDRESS

10.5

TillE

NAME STREET ADDRESS

CITY - ST - 20P

CITY ST 7-

STREET ADJUBBIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

|25 | 97 380 -999,

FILED

Apr 02 1997 8:00am

Secretary of State

aytime Phone #

Change

Addition

Addition