## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085488 (1)

GARY DAVIES P.A.

Principal Place of Business

Mailing Address

786 N. STATE ROAD 434

766 N. STATE ROAD 434

## FILED Aug 08 1997 8:00am Secretary of State



ALTAMONTE SPRINGS FL 32714		ALTAMONTE SPRINGS FL 32714-7232		·	
				3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report 07/08/1996
	ace of Businoss		D 10 D	4. FEI Number	Applied For
21 120 (	I ROWN OAK CENT	1826 120 Crown	OAKCENTAE"	59-3342230	X Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 WNG	LUDOD FLA.	City & State  28 LONG-USD	2 FLA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3275		29 32750	Country 30 US A		Yes 🔏 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	Jistered Agent
766	IES, GARY N. STATE ROAD 434 AMONTE SPRINGS FL 32714		81 Name (3) 82 Street Addr 83	ARY AV/ES rescript Box Number is Not Accepted.	ENTRE DR
			84 City <b>Lo</b>	NGWWD	FL 85 Zip Code 327 30
office or re agent. La SIGNATURE	edistered agent, or both, in the State of familiar with, and accept the oblid	e of Florida, Such change was gations of, Section 607,0505, F	authorized by the corporat lorida Statutes.	poration submits this statement for the plion's board of directors. I hereby accep	d the appointment as registered    3   9   DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	DAVIES, GARY 393 BARBERRY LANE ALTAMONTE SPRINGS FL 32		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ALIAMONIE SPRINGS PL 32	DELETE	1.4 CITY-S1-7IP 21 TITLE		Change Addition
NAME					Onlinge Nacition
			2 2 NAME 2 3 STRÉET ADDRESS	•	A.
STREET ADDRESS					
CITY-ST-ZIP TITLE	<u> </u>	DELETE	2 4 CHY-S1-ZIP 31 TITLE		Change Addition
i		Land Detert			Change   Realiton
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE		ניין טנגנוג	4.1 TITLE	•	C Outride C Montion
NAME			4. 2 NAME .		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Drugge Printer	4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAMF		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	÷, ÷	DELETE	6.1 TITLE		Change Addition
NAME '			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.