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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90086 021 \*\*\*150.00

DOCUMENT # P96000001927

1. Corporation Name

DAVIS & MARLOWE, P.A.

Principal Place of Business  
8726 STATE ROAD 54  
NEW PORT RICHEY FL 34653

Mailing Address  
8726 STATE ROAD 54  
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number

59-3351365

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8726 Old C. R. 54

Suite, Apt. #, etc.

22 Suite E

City & State

23 New Port Richey, FL 34653

Zip

Country

24 34653

25 USA

2a. Mailing Address

26 8726 Old C.R. 54

Suite, Apt. #, etc.

27 Suite E

City & State

28 New Port Richey, FL

Zip

Country

29 34653

30 USA

9. Name and Address of Current Registered Agent

MARLOWE, RUSSELL G.

8726 STATE ROAD 54 Old C.R. 54

SUITE E

NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME DAVIS, GARY L

STREET ADDRESS 8726 STATE ROAD 54

CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE PTD ☐ DELETE

NAME MARLOWE, RUSSELL G

STREET ADDRESS 8726 STATE ROAD 54

CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8726 Old C.R. 54, Suite E

1.4 CITY-ST-ZIP New Port Richey, FL 34653

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 8726 Old C.R. 54, Suite E

2.4 CITY-ST-ZIP New Port Richey, FL 34653

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Russell G. Marlowe January 26, 1999 (727) 376-3330

Date

Daytime Phone #

CR2E034 (11/98)

0493527