

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

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Apr 19, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000068724

1. Corporation Name
WILLIAM J. DAVIS, INC.

Principal Place of Business
5314 BLACK PINE DRIVE
TAMPA FL 33624

Mailing Address
5314 BLACK PINE DRIVE
TAMPA FL 33624



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/11/1996

4. FEI Number
59-3209283

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
DAVIS, WILLIAM J
5314 BLACK PINE DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
	D DAVIS, WILLIAM J	<input type="checkbox"/>
STREET ADDRESS	5314 BLACK PINE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2				
1.3				
1.4				
2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2				
2.3				
2.4				
3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				
3.3				
3.4				
4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				
4.3				
4.4				
5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				
5.3				
5.4				
6.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				
6.3				
6.4				

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

4/12/99 8139635423
Date Daytime Phone

CR2E034 (11/98)