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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000081931

GLENN DAVIS DETECTIVE AGENCY, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90111 004 ***158.75



Principal Place	of Business	* 1991/9-1 1/2 (2019 511) 5500 5500 5500 5500						
6702 BEACH BL JACKSONVILLE US		P O BOX 19737 JACKSONVILLE FL 32245-9737 US	1		DO NOT WRITE IN	THIS SPAC	E	
00		,			3. Date Incorporated or Qualifed 10/03/1996			
0.00	- A Project	2a. Mailing Address			4. FEI Number		App	lied For
2. Principal Place of Business 21 1946 Parental Home RI #C 2a. Mailing Address 26					59-3406509	<u> </u>	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				- <u>-</u> -	5. Certificate of Status Desired		. 75 Adee Req	dditional juired
City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution		5.00 N	May Be Fees
Zip	Country	Zip	Counti	ry	8. This corporation owes the current ye	ar Intangible	;	
24 322	25 US	29 30	<u> </u>		Personal Property Tax.	☐ Ye		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
	0 010411 BIANNI		8	1 Name				
Davis, Susan Dianna 1937 West Road .			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)			
	(SONVILLE FL 32216	٠.	8	3				
			8	4 City		FL 85	Zip C	ode
****		100 F 1500 F 11 Otalia					ina ite i	registered
- 	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	if Florida. Such change was allfil	เดยรอส ย	w the comona	rporation submits this statement for the purportion's board of directors. I hereby accept the	appointment	as reg	istered
SIGNATURE	·				(ned when reinstating) OA	70		[
	Signature, typed or printed name of registered agent		gistered Ag	ent signature requ	ADDITIONS/CHANGES TO OFFICER	_	FCTOR	RS IN 12
12.	Clearer		1.1 TITLE	<u> </u>	ABBITIONS STATES TO STATES.			Addition
TITLE	MS DAVIG CLEMBLA	Dece 12	1.2 NAME	l l			•	_
NAME.	DAVIS, GLENN A			ET ADDRESS				
STREET ADDRESS	1937 WEST ROAD		1.4 CITY-ST-ZIP					}
CITY-ST-ZIP	CACALOGATALEE TE GEETG		2.1 TITLE				nange	Addition
TITLE	rı —		2.2 NAME			_	_	_
NAME	DAVIS, SUSAN DIANNA			ET ADDRESS				}
STREET ADDRESS	1937 WEST ROAD			-ST-ZIP				
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32216	DELETE	3.1 TITLE			CI	nange	☐ Addition
NAME.		-	3.2 NAME					ļ
STREET ADDRESS			3.3 STRE	ET ADDRESS				
)	·		3.4. CITY					
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	·		[] C	nange	Addition
NAME		_	4. 2 NAM	IE				
STREET ADDRESS				ET ADORESS	•			ļ
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE				hange	Addition
NAME			5.2 NAMI	E				
STREET ADDRESS			5.3 STRE	EET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			□ c	hange	☐ Addition
NAME			6.2 NAM	E				
STREET ADDRESS	· ·		6.3 STRE	EET ADDRESS				
STREET AUDRESS			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 oranged, or on an attachment with an address, with all other like empowered.

SIGNATURE