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Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000083657 (2)

1. Corporation Name  
J.E. DAVIS, INC.

Principal Place of Business

103 PINETREE DRIVE  
GULF BREEZE FL 32561

Mailing Address

103 PINETREE DRIVE  
GULF BREEZE FL 32561-4047



2. Principal Place of Business	2a. Mailing Address
21 TO BY Treats	2b 550 Mary Esther Cutt-off
22 Suite, Apt. #, etc. #14	27 Suite, Apt. #, etc. (SAME)
23 City & State Ft. Walton Beach	28 City & State
24 Zip 32548	29 Zip
25 Country OKA/USA	30 Country

3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report N/A
4. FEI Number 59-3408667	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVIS, EDITH C  
103 PINETREE DRIVE  
GULF BREEZE FL 32561

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T/S
NAME	DAVIS, EDITH C	1.2 NAME	
STREET ADDRESS	103 PINETREE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	P
NAME	QADDOURAH, MUNZER	2.2 NAME	
STREET ADDRESS	103 PINETREE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	V
NAME	QADDOURAH, LIZA	3.2 NAME	
STREET ADDRESS	103 PINETREE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: Munzer Qaddourah President

904-934-1850

Date Daytime Phone #

CR2E034 (9/96)