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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091831 (3)

DAVIS MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

## FILED May 05 1998 8:00am Secretary of State



7532 S LEEWYN DR 7532 S LEEWYN DR SARASOTA FL 34240 SARASOTA FL 34240 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/07/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For N DrANGE AVE 26 65-0708201 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 26 Trust Fund Contribution Added to Fees Country Zip This corporation owes or has paid the current year Intangible <u>u</u>SA 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, JAMES S 7532 **\$ LEEWYN DR** 82 Street Address (P.O. Box Number is Not Acceptable) **SARASOTA FL 34240** 83 64 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PVST** DELETE Change Addition TITLE 1.1 TITLE DAVIS, JAMES S NAME 1.2 NAME **7532 S. LEEWYN DR.** STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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.

CIONATURE.

mon Hoan

1/28/98

941-366-0721