


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**  
07-27-1999 90003 034 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000047963**  
1. Corporation Name  
**PAUL A. DAVIS, INC.**

Principal Place of Business <b>244 SUNRISE LANE EUSTIS FL 32726</b>	Mailing Address <b>244 SUNRISE LANE EUSTIS FL 32726</b>
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2. Principal Place of Business <b>21 118 Forest Dr</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 118 Forest Dr</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>05/29/1997</b>	
23 <b>Leesburg FL</b> City & State Zip <b>34788</b> Country <b>LAKE</b>		28 <b>Leesburg FL</b> City & State Zip <b>34788</b> Country <b>LAKE</b>		4. FEI Number <b>59-3449487</b> Applied For Not Applicable	
24 <b>34788</b> 25 <b>LAKE</b>		29 <b>34788</b> 30 <b>LAKE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
9. Name and Address of Current Registered Agent <b>DAVIS, PAUL A 244 SUNRISE LANE EUSTIS FL 32726</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>118 Forest Dr Leesburg FL 34788</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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.				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DAVIS, PAUL A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, PAUL A</b>		1.2 NAME	
STREET ADDRESS <b>244 SUNRISE LANE</b>		1.3 STREET ADDRESS <b>118 Forest Dr</b>	
CITY-ST-ZIP <b>EUSTIS FL 32726</b>		1.4 CITY-ST-ZIP <b>Leesburg FL 34788</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>DAVIS, MARILYN L</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, MARILYN L</b>		2.2 NAME	
STREET ADDRESS <b>244 SUNRISE LANE</b>		2.3 STREET ADDRESS <b>118 Forest Dr</b>	
CITY-ST-ZIP <b>EUSTIS FL 32726</b>		2.4 CITY-ST-ZIP <b>Leesburg FL 34788</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE  **7-14-99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

P97000047903  
595878-90003-34

Division Of Corporations

7-14-99

RE: Paul Davis Inc

Since this is the First notice I have recieved for the Filing fee,  
I respectfully request you accept the \$150.00. Thanks.

x Paul A. Davis 7-14-99