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 # P97000051512

1. Corporation Name

DAVIDSON METALS, INC.

Principal Place of Business
22 VIA DELLINA DR #806
22 VIA DELUNA DR #806 PENSACOLA BEACH FL 32561
TENONOOD! BENOTTE GEST

Mailing Address

22 VIA DELUNA DR #806 PENSACOLA BEACH FL 32561

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90114 003 ***150.00



PENDAGULA BEAGN PL 32301		PENDAUGH BENUTTE VENT		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/10/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			59-3461014	Not	t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State		City & State			″6. Election Campaign Financing ☐	\$5.00	May Ro
	2	— ·			Trust Fund Contribution	Added to	
Zip	Country	28 Zip	Country		8. This corporation owes the current year In		
	25		30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		100		10. Name and Address of New Registered	Agent	
	5. Haille and Address of Carren	t Hediateled Hacili	81	Name			
WFS	TMORELAND, J. LOFTON						
	W GARDEN ST		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUNTRUST TOWER 9TH FLOOR PENSACOLA FL 32501			83				
			84	City	Fi	85 Zip C	,00 0
office or re agent. I ar	egistered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was aut	inorizea by	tne corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: F	Registered Age	nt signature require	ed when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DAVI	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	DSON, JAMES F JR.		12 NAME				
STREET ADDRESS	22 VIA DELUNA DR #806		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		1.4 CfTY-S	ST-ZIP			
TITLE		☐ DELETE	21 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	1			
TITLE		☐ DELETE	3.1 TITLE		~ ~	Change	Addition
NAME			3.2 NAME		and the second		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	į.			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
			5.4 C/TY-5	ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
f 1			6.2 NAME			_ •	
NAME OTOTET LEODESC				TADORESS			
STREET ADDRESS			64 CITY-5				

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:

