## 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 # P9700060351

1. Corporation Name

Davis Dive Company

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt, #, etc.

26

59 W 9th Street

Atlantic Beach, FL 32233

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90009 012 \*\*\*300.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8,75 Additional

Fee Required

Not Applicable

3. Date incorporated or Qualifed

5. Certificate of Status Desired

4. FEI Number

10 97

City & Sta	te City & State							Election Campaign Financing		\$5.00 May Be	
23	28							Trust Fund Contribution Added to Fees			
Zip	Country	Zip	ip Country				8.	This corporation owes the curr	ent year Inta	angible	
24	25	29		30			f	Personal Property Tax.		Yes	□No
	9. Name and Address	of Current Registered	Agent				10.	Name and Address of New F	tegistered .	Agent	
				81		Name					
				82	2	Street Addres	s (P.	O. Box Number is Not Accepta	ible)	-	
				83	1						
				84	1 ,	City				85 Zi	p Code
									<u>FL</u>	33 -	
office or i		the State of Florida. Suc	h change was aut	thorized by	/ thi			submits this statement for the and of directors. I hereby accept			
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											TODO IV 40
12.	TO OFFI	CERS AND DIRECTOR	S DELETE	13.			Al	DDITIONS/CHANGES TO OF	FICERS AN		
TITLE	' _		□ DEFE IE	1.1 TITLE						☐ Chang	eAddition
NAME	James Dav	15 Sinnel		1.2 NAME							
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TITLE			☐ DEFEIE	2.1 TITLE						☐ Chang	is Magnion
NAME				2.2 NAME							
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TITLE			DELETE	6.1 TITLE						Change	e Addition
NAME				6.2 NAME							_
STREET ADDRESS				6.3 STREET	TAD	DDRESS					
CITY-ST-ZIP				6.4 CITY-S	T- <i>Z</i> 1	IP					
14. I hereby o	certify that the information su	plied with this filing doe	s not qualify for the	he exempti	ion	stated in Sec	tion 1	19.07(3)(i), Florida Statutes. I	further cert	fy that the	information
indicated officer or	on this annual report or sugi	blemental annual report i the receiver or trustee of	is true and accura ergowered to exe	ite and that ecute this re	t m epo	ny signature sh ort as required	hail h:	ave the same legal effect as if Chapter 607, Florida Statutes;	made unde	r nath: tha	atiam an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (904)247

Daytime Phone

CR2E034 (11/98)