## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90013 019 \*\*\*150.00

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700063912

GREG DAVENPORT ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address				*****	1818 1181 1881
613 CORBEL DRIVE 613 CORBEL DRIVE							
NAPLES FL 34110 NAPLES FL 34110					1000 多数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数		
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		}
1.7		· · · · · · · · · · · · · · · · · · ·			07/24/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		lied For
21	, in the second of the second	26			59-3466085	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<del></del>	5. Certificate of Status Desired	. \$8.75 A	
27					3. Certificate of Status Desired	Fee Req	uired
City & State	e	City & State			6. Election Campaign Financing	\$5.00 N	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current ye	ar Intangible	
			30	Personal Property Tax. Yes No		□No	
<del></del> -	9. Name and Address of Current	., 1=-1	11		10. Name and Address of New Regist	ered Agent	
*:			81	Name			
DAV	ENPORT, NORMAN GREGORY	بعد المستعدد المستعدد المستعدد			(D.O. D. Ali basis Net Assessable)	<del></del>	
- 1 613	CORBEL DRIVE		82	Street Add	ress (P.Ö. Box Number is Not Acceptable)		
	LES FL 34110		83	3			
					1 2 3 3 6 8 3 5 7 3 8 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>nggi i prinas (ili Milio</u>	
. •			84	City	The second secon	<b>■ 85</b> Zip C	ode "
ع الديد ولكن وروح				<del>                             </del>	the state want for the guma	on of changing its	registered
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut of Florida, Such change was a	ies, ine abov authorized by	/e-named corp / the corporati	poration submits this statement for the purpo ion's board of directors. I hereby accept the	appointment as reg	istered
agent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statute	s.			
SIGNATURE							[
SIGNATURE							
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Age	ent signature require	ed when reinstating) (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
12. 🖭	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	E: Registered Age	ent signature require	ed when reinstating) :	RS AND DIRECTOR	
12. ···				ent signature require	od whom remodaling/		RS IN 12
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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 charges, or on an attachment with amaddress, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

NAP. 3'S 3. 31'