**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000087575**1. Corporation Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DAVY DESIGNS, INC.

Principal Place	of Business	Mailing Address							
6377 13TH AVENUE NORTH		6377 13TH AVENUE NORTH							
ST. PETERSBURG FL 33710		ST. PETERSBURG FL 33710			DO NOT WRITE IN THIS SPACE				
		•				3. Date Incorporated or Qualifed		OI AOL	
						10/10/1997			
		Do Natifica Address				4. FEI Number		Ι Δ	applied For
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			59-3472633			lot Applicable
21		26				\$8.75 Additional			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Required
22		City & State				A Florida Company Signating			
City & State		<del></del>				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23	Country	Zip	Coun	trv		8. This corporation owes the curre	ent vear Int		
Zip			10	,		Personal Property Tax.	Sile your wie	Yes	□No
24	9. Name and Address of Current	<u> </u>	ام			10. Name and Address of New R	egistered	Agent	
	9. Name and Address of Current	Kegistered Agent		B1 1	Name				
DAV	/, JANET R	•							
DAV 6377	13TH AVENUE NORTH			82 3	Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	PETERSBURG FL 33710			ВЗ					
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			Ī	B4 (	City		Fi	``  85   Zi¢	Code
51,92 3 6		1007 4500 51 11- 51-11-	. 4bb-			ration submits this statement for the	nurnose of	changing if	ts registered
' office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	n Fiorida. Such Change was aut	11011200	UY UI	e corporation	n's board of directors. I hereby accep	t the appoi	ntment as i	registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statut	es.					1
		•							
SIGNATURE						uton reinstation	DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered A		ignature required v	when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AN	ND DIRECT	ORS IN 12
12.	OFFICERS AND	and title if applicable. (NOTE: R	Registered A	gent si	ignature required v	when reinstating) ADDITIONS/CHANGES TO OFI		ND DIRECT	
12.	OFFICERS AND	and title if applicable. (NOTE: R	Registered A 13. 1.1 TITL	gent si	ignature required v	when reinstating) ADDITIONS/CHANGES TO OFI			
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD DAVY, JANET R 6377 13TH AVENUE NORTH ST. PETERSBURG FL 33710	and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	gent si E ME REET AL Y-ST-Z	DDRESS	when reinstating) ADDITIONS/CHANGES TO OFI			e [] Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PSTD DAVY, JANET R 6377 13TH AVENUE NORTH ST. PETERSBURG FL 33710 VPD	and title if applicable. (NOTE: R	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	E ME REET AI Y-ST-Z	DDRESS	when reinstating) ADDITIONS/CHANGES TO OFI		☐ Change	e [] Addition
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6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 ottachment with an address, with all other like empowered. SIGNATURE

☐ DELETE

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90051 022 \*\*\*150.00

☐ Addition