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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

4190 BELFORT ROAD #200 JACKSONVILLE FL 32216



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1998 DIVISION OF CORPORATIONS

DOCUMENT # P9700093447 (5)

RANDALL DAVIS ENTERPRISE, INC.

Mailing Address

4190 BELFORT ROAD #200 JACKSONVILLE FL 32216 The I Law E D

98 JUL 15 PM 3: 42

SECRETARY OF STATE TALLAHASSEE. FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | | | | | | 3. Date Incorporated or Qualified | | |
|--|--|-----------------------|---------------------|--------------------|--|---|--------------------------------|--|---------------|-----------------------|
| | | | | | | | 10/30/1997 | | | |
| 2. Principal Place of Business | | | 28. Mailing Address | | | | | 4. FEI Number | ⊢ + | oplied For |
| 21) Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 59-3474822 | | ot Applicable |
| 22 | | | 27 | | | | | 5. Certificate of Status Desired | | Additional equired |
| City & State | θ : | City & State | | | | | 6. Election Campaign Financing | | May Be | |
| 23 | | | 28 | | | | | Trust Fund Contribution | | to Fees |
| Zip | | | | Country | 6. This corporation of the pare the carry sear mangine | | | | 1 | |
| 24 | 25 | Address of Current | 29 | N Agont | 30 | | | Personal Property Tax due June 30. 10. Name and Address of New Registered A | | _ No |
| | | Address of Correll | nefisiere | n Wanii | 81 | π | Name | 10. Name and Address of New Registered A | gent | |
| DÁVIS, RANDALL 4190 BELFORT ROAD #200 | | | | | | Taking | | | | |
| | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| JA | CKBONVILLE F | | L | | | 3 | | | | |
| | | | | | 83 | 1 | | | | |
| | | | | | 84 | 1 | City | FL | 85 Zip | Code |
| 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE Signature, typed or printed traine of trapetures agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | | OFFICERS AND | DIRECTOR | ⊰S | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR | RS IN 12 |
| TITLE | D | | | DELETE | 1.1 TITLE | | | | Change | Addition |
| NAME | 1 - 111-11-11-11-11-11-11-11-11-11-11-11 | | | J | | 1.2 NAME | | EDDDDDDD | | Į: |
| STREET ADDRESS | | ORT ROAD #200 | | 1.3 \$ | | 1.3 STREET ADDRESS | | 6000025959 | ·36- | 8 |
| CITY - \$1 - ZIP | JACKSONVI | LLE FL 32216 | | 1.4 | | 1.4 CITY-ST-ZIP | | -07/22/98- -0 1 ****150,00 1 | 0658 | 324 l |
| TITLE | ·D | | | DELETE | 2.1 TITLE | | | ****150.00 | * Interest to | () |
| NAME | DAVIS, CAR | Y O | | 2.2 N/ | | | | | | |
| STREET ADDRESS | 4190 BELFO | RT ROAD #200 | | 2.3 \$7 | | 2.3 STREET ADDRESS | | | | ſ |
| CITY-ST-7IP | JACKSONVI | LLE FL 32216 | | | | 2.4 CITY-ST-ZIP | | | | J |
| TITLE | | | | DELETE | 3.1 TITLE | | | | Change | Addition |
| NAM | ł | | | | 3.2 NAME | , - | | | | 1 |
| STREET ADDRESS | 1 | | | 338 | | | NDDRESS | | | ľ |
| CITY-ST-ZIP | | | 3.4 | | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | | | | DELETE | 4.1 11716 | | | | Change | Addition |
| NAME | → | | | 4. 2 NAM | | Ε | | | | |
| STREET ADDRESS | 1. | | | 4.3 STREET | | TA | uddress (| | | |
| CITY-\$1-ZIP |]_ | | | | 4.4 Chy- | | I . | | | |
| TITLE | : | | | DELETE | 5.1 TITLE | | | | Change | Addition |
| NAME | | | | | 5.2 NAME | | İ | | | |
| STREET ADDRESS | [; | | | | 5.3 STREET | TA | UDDRESS | | | |
| CITY-\$1 - ZIP | | | | | 5.4 City-5 | ST- | - ZIP | | | |
| TITLE | | | | DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | | | | | 6.2 NAME | | ļ | | - | |
| STREET ADDRESS | | | | | 6.3 STREET | | ADDRESS | | | |
| CITY-ST-ZIP | | | | | 64 C(1Y- | | | | | |
| 14. I hereby o | certify that the info | ormation supplied wil | n this filing | does not qualify f | or the exemp | ptic | on stated in | Section 119.07(3)(i), Florida Statutes. I further cer | tify 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 13 if changed, or on an attachment with an address. | | | | | | | | | | |