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Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000099900 (7)**

1. Corporation Name

DAVIS SUPPLY, INC.

Principal Place of Business
6642 U.S. HIGHWAY 19
NEW PORT RICHEY FL 34652

Mailing Address
6642 U.S. HIGHWAY 19
NEW PORT RICHEY FL 34652



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

59-3482276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent

DAVIS, JAMES H
6642 U.S. HIGHWAY 19
NEW PORT RICHEY FL 34652

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **D**
NAME **DAVIS, JAMES H**
STREET ADDRESS **6642 U.S. HIGHWAY 19**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

1.1 TITLE **P**
1.2 NAME **DAVIS, JAMES H**
1.3 STREET ADDRESS **6828 RIVER RD**
1.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **V**
2.2 NAME **DAVIS, CLARA E.**
2.3 STREET ADDRESS **6828 RIVER RD**
2.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **ST**
3.2 NAME **DAVIS, MELISSA A**
3.3 STREET ADDRESS **12415 BERKELEY SQ. DR.**
3.4 CITY-ST-ZIP **TAMPA, FL 32626**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **V**
4.2 NAME **DAVIS, MATTHEW P.**
4.3 STREET ADDRESS **7918 LEOTA LN**
4.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address.

SIGNATURE: **JAMES H. DAVIS**

JAN. 25, 1998

(813) 849-5946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0479348

CR2E034 (10/97)