

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000099900

1. Entity Name
DAVIS SUPPLY, INC.



Principal Place of Business
**6012 PINE HILL RD
PORT RICHEY, FL 34668**

Mailing Address
**P.O. BOX 60095
FORT MYERS, FL 33906-6095**



01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3482276

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOK, J. HARRIS
7510 RIDGE RD
PORT RICHEY, FL 34668**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DAVIS, JAMES H
14000 SHIMMERING LAKE COURT
FORT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
DAVIS, CLARA E
14000 SHIMMERING LAKE COURT
FORT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
DAVIS, MELISSA A
12415 BERKELEY SQUARE DRIVE
TAMPA, FL 32626**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
DAVIS, MATTHEW P
7914 LEOTA LANE
NEW PORT RICHEY, FL 34653**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000048189
02/12/04-80070-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-04
Date

239.931.6700
Daytime Phone #