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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000011799 1. Corporation Name

. 1999

MICHAEL DAVIS, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90089 047 ***150.00



,				
Principal Place	e of Business	Mailing Address		L ISBIGSE (18 (618) ISIN SAIL) BRILL SAIL SAIL SAIL SAIL SAIL SAIL SAIL S
139 E BLOOMINGDALE AVE 139 E BLOOMINGDALE A		139 E BLOOMINGDALE AVE		
BRANDON FL 33511 BRANDON FL 33511		BRANDON FL 33511		TO ME WOLF WITH A COLOR
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
****	<u> </u>		 	02/04/1998 4. FEI Number 1 = 0.779 Applied For
		2a. Mailing Address	101.007	72 59-3489781 Applied For Not Applicable
		26 22 48 EH9	eBLUFF I	\$8.75 Additional
		Suite, Apt. #, etc.	, ,	5. Certificate of Status Desired Fee Required
22	· · · · · · · · · · · · · · · · · · ·	City & State	.	
City & State		11/1/10 A	L(6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28 VHIRICO, 1	Country	8. This corporation owes the current year Intangible
	25	29 33594 3	~ 11 ~ 1	Personal Property Tax.
24	9. Name and Address of Current	· // ·	0, 0, -,	10. Name and Address of New Registered Agent
	5. Name and records of Control	<u></u>	81 Name	
DAV	IS, MICHAEL A .		201 01 1	A LL CO C C LL LL C LL C LL C LL C LL C
139 E BLOOMINGDALE AVE			82 Street Address (P.O. Box Number is Not Acceptable)	
BRA	NDON FL 33511		83	
	'		84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named	d corporation submits this statement for the purpose of changing its registered
office are	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was suff	horized by the corb	poration's board of directors. I hereby accept the appointment as registered
,	ill familiar with, and accept the obligat	, , , , , , , , , , , , , , , , , , , ,	,	•
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered Agent signature	required when reinstating) DATE
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITLE	Resident Addition
NAME			1.2 NAME	Michael A, Williams
STREET ADDRESS	•		1,3 STREET ADDRESS	2248 EAGLE BLUTT
CITY-ST-ZIP			1.4 CITY-ST-ZIP	VAIRICO FL 33599
TITLE		DELETE	2.1 TITLE	
NAME	· ·	. Deceie	2.1 11845	Sec. Treasure Dehange Addition
STREET ADDRESS		. Decere	2.1 TIBLE 2.2 NAME	Sec. Treasure Demange Addition
3 INCLI ADDINESS		Deceie		JudiTH A DAVIS DR
CITY-ST-ZIP		. Detere	2.2 NAME	Judith Alabert Dr. 2348 Easle Bluff Dr. VAlrico, FL 33594
		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS	JudiTH A DAVIS DR
CITY-ST-ZIP			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Judith Alabert Dr. 2348 Easle Bluff Dr. VAlrico, FL 33594
CITY-ST-ZIP			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	JudiTH A DAVID DR 2348 Eagle Blogg DR VAIRICS, FL 33594
CITY-ST-ZIP TITLE NAME			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	JudiTH A DAVID DR 3248 Eagle Bluy DR WAIRICS, FL 33594
CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	JudiTH A DAVID DR 2348 Eagle Blogg DR VAIRICS, FL 33594
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	JudiTH A DAVID DR 3248 Eagle Bluy DR WAIRICS, FL 33594
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	Judith Alabay Dr. 3348 Easle Bluff Dr. Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Judith A. Day Dr. 3248 Easle Blog Dr. Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Judith Alabay Dr. 3348 Easle Bluff Dr. Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Judith A. Day Dr. 3248 Easle Blog Dr. Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	JudiTH Albury Dr. 3248 Easle Blury Dr. Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	JudiTH Albury Dr. 3248 Easle Blury Dr. Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	JudiTH Albury Dr. 3248 Easle Blury Dr. Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	JudiTH Albury Dr. 3248 Easle Blury Dr. Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	•	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	JudiTH A. Bluis Dr. 3248 East FL 33594 Change Addition Change Addition Change Addition

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, with all other like empowered.

SIGNATURE