

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000018755**

1. Corporation Name  
**DAVIS MANAGEMENT CONSULTANTS, INC.**

Principal Place of Business: **420 LAKESHORE DRIVE S.E. MADISON FL 32340**  
 Mailing Address: **420 LAKESHORE DRIVE S.E. MADISON FL 32340**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/26/1998**

4. FEI Number: **59-3498657** 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 the current year Intangible Personal Property Tax.  Yes  No

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent  
**DAVIS, J.B. JR**  
**420 LAKESHORE DRIVE S.E.**  
**MADISON FL 32340**

10. Name and Address of New Registered Agent

81. Name

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

83.

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, J.B. JR	1.2 NAME	
STREET ADDRESS	420 LAKESHORE DRIVE S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, J.B. III	2.2 NAME	
STREET ADDRESS	420 LAKESHORE DRIVE S.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, LYNNE D	3.2 NAME	
STREET ADDRESS	420 LAKESHORE DRIVE S.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HENRY N	4.2 NAME	
STREET ADDRESS	420 LAKESHORE DRIVE S.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, J.B. IV	5.2 NAME	
STREET ADDRESS	420 LAKESHORE DRIVE S.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARTHA O	6.2 NAME	
STREET ADDRESS	420 LAKESHORE DRIVE S.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	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, with all other like empowered.

SIGNATURE: *[Signature]* Date: 2-22-99 Daytime Phone #: 850-973-2215

CR2E034 (11/98)