PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather: ne Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

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DAVIS PAINTING SERVICES INC.

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Mailing Address Principal Place of Business 1717 MASON AVE. #932 1717 MASON AVE. #932 DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 DO NOT WRITE IN THIS SPACE 3. Date In corporated or Qualifed 05/18/1998 Two Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-351262 Not Applicable 26 21 \$8.75 Acditional Suite, Apt. #, etc. Suite, Act. #, etc. \Box 5. Certificate of Status Desired Fee Required 27 22 \$5.00 Nay Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This co poration owes the current year Intangible ZΙρ Country Country X XNo Yes Personal Property Tax. 30 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DAVIS, CHRISTOPHER Street Ad Iress (P.O. Box Number is Not Acceptable) 1717 MASON AVE. #932 DAYTONA BEACH FL 32117 **B3** Zip Ccde 85 84 City FI. 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 negistered 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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURI: Signature, typed or printed nan e of registered agent ind title if applicat ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME Davis, Christopher NAME 1.3 STREET ADORESS 1717 Mason Ave #932 STREET ADDRESS Daytona Bch El 32117 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ACCRES 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRES 4.4 CITY- \$1-Z/P CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change OELETE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 i m 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 changed, or prival attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034