

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S31572 (8)

1. Corporation Name

NORMAN DAVIS ENTERPRISES, INC.

Principal Place of Business

**3040 GULF-TO
BAY, SUITE 204
CLEARWATER FL 34619
US**

Mailing Address

**3040 GULF-TO-BAY BLVD
SUITE 204
CLEARWATER FL 34619
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/13/1991

3a. Date of Last Report

05/13/1994

4. FEI Number

59-3050353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, GERALD E.
3040 GULF-TO-BAY BLVD., SUITE 204
CLEARWATER FL 34619**

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

Signature typed or printed name of registered agent and fee applicator

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D
NAME DAVIS, GERALD E.
STREET ADDRESS 3040 GULF TO BAY BLVD., #204
CITY - ST - ZIP CLEARWATER FL 34619**

**TITLE DP
NAME FERENZ, NORMAN J.
STREET ADDRESS 3040 GULF-TO-BAY, SUITE 204
CITY - ST - ZIP CLEARWATER FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1 TITLE SECRETARY TREASURER ☒ Change ☐ Addition
12 NAME GERALD E DAVIS
13 STREET ADDRESS 3040 GULF TO BAY BLVD #204
14 CITY - ST - ZIP CLEARWATER FL 34619**

**21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP**

**31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP**

**41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP**

**51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP**

**61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald E. Davis, Secretary/Treasurer

4/26/95

(813) 796-3338