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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

S37925 **DOCUMENT #**

(2)

Principal Plac	RGE H. DAVIS BUILDER, II	Mailing Address					
1100 MAIN FT. MYERS	STREET #3 BEACH FL 33931	1100 MAIN STREET # FT. MYERS BEACH F					
2 Principal f	Disco of D. vivos				3. Date Incorporated or Qualified 03/11/1991	3a. Date o 05/6	1 Last Report 01/1995
21 Principal P	ncipal Place of Business 28. Mailing Address 26				4. FEI Number 59-3055030		Applied For
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.						Not Applicable
22 27					5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing		\$5.00 May Be	
Zip	Country		1 0		Trust Fund Contribution		Added to Fees
24	25	29	Country 30	у	8. This corporation has liability for Florida Statutes	rintangible tax ∟ s No	unders 199.032,
	9. Name and Address of Curre	ent Registered Agent		·	10. Name and Address of New I		ent .
DAVIG	GEODGE H		81	Name			
DAVIS, GEORGE H. 1195 MAIN ST. FT. MYERS BEACH FL 33931			82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)	
			63			<u> </u>	
			63				
			84	,			85 Zip Code
11. Pursuant or register	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above-	named corpo	ration submits this statement for the pu		ing its registered office
familiar wi	ith, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	ed by the corp	oration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	ointment as reg	jistered agent. I am
SIGNATURE	Signature, typod or printed name of registered age						
12.	_ OFFICERS AF	ND DIRECTORS (NO	TE Registered Age	il signature require		DATE	
Trile	D	DELETE			ADDITIONS/CHANGES TO OFF		RECTORS IN 12 Change
NAME	DAVIS, GEORGE H. 1195 MAIN ST. FT. MYERS BEACH FL		1.2 NAME			L .	warge [Author
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	D DENOTTE			T-ZIP			
NAME	DAVIS, TERRI L.	☐ DELETE	2. 1 TITLE				Change
STREET ADDRESS	1195 MAIN ST.		22 NAME	LODGEGG			
City-ST-ZiP	FT. MYERS BEACH FL		2.3 STREET 2.4 CITY-S				ľ
TITLE		☐ DELETE	3. 1 TITLE	1-211		ПС	hange Addition
NAME			32 NAME			ПV	waste [1] Monitori
STREET ADDRESS			3 3. STREET	ADDRESS			
CITY-ST-ZIP TITLE		Prod to the state	3 4 CITY - S	r-ZIP			
NAME		DELETE	4. 1 TITLE			C	hange
STREET ADDRESS			4.2 NAME				
CITY-ST-ZIP			4.3 STREET				
TITLE		☐ DELETE	4.4 CITY - ST 5 1 TITLE	- ZIP			hanna [7] 11/2
NAME		<u> </u>	5 2 NAME			☐ Cr	hange [Addition
STREET ADDRESS			5.3 STREET	ADDRESS			
CiTY-ST-7iP			5 4 CITY-ST				
TITLE		☐ DELETE	6. 1 TITLE			☐ Ch	nange
NAME			6.2 NAME				
STHEET ADDRESS			6.3 STREET A	ODRESS .			
CrTY-SI-7/P			-				I

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 119.07(3)[k), Fiorida 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 appears in Block 12 or Block 13 it charged, or on an attaignment with an address.

SIGNATURE:

INTED NAME OF STONING OFFICER OR DIRECTOR

Terri L. Davis

4/30/96

941 765-4440