

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S58609 (6)			
1. Corporation Name DAVIS INVESTMENT PROPERTIES, INC.			
Principal Place of Business 1401 GULF BLVD. #10 INDIAN ROCKS BEACH FL 34635 US		Mailing Address PO BOX 137 LARGO FL 33779-0137 US	
2. Principal Place of Business 21 1401 Gulf Blvd, Ste 10 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 137 Suite, Apt. #, etc.	
22 City & State 23 Indian Rocks Bch Zip Country		27 City & State 28 Largo, Florida Zip Country	
24 33785 25 USA		29 33779-0137 30 USA	
8. Name and Address of Current Registered Agent DAVIS, IMORAE 164 23RD AVE S.W. P.O. Box 137 LARGO FL 34648 Largo, FL 33779-0137 19111 Vista Bay Dr #607 Indian Shores, FL 33785		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 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: Imorae Davis		DATE: 3/20/97	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: DAVIS, IMORAE STREET ADDRESS: 19111 VISTA BAY DR #607 CITY-ST-ZIP: INDIAN SHORES FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME: STREET ADDRESS: CITY-ST-ZIP:		6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: Imorae Davis		3/20/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



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