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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S58609

1. Corporation Name

DAVIS INVESTMENT PROPERTIES, INC.



Principal Place of Business

Mailing Address

1401 GULF BLVD.
#10
INDIAN ROCKS BEACH FL 33785
US

PO BOX 137
LARGO FL 33779-0137
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1991

4. FEI Number

59-3093863

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

2. Principal Place of Business

2a. Mailing Address

21 2406 Gulf Blvd
Suite, Apt. #, etc.
#103

26 P.O. Box 273
Suite, Apt. #, etc.

22 City & State
Indian Rocks, FL

27 City & State
Indian Rocks Beach, FL

23 Zip Country
33785 USA

28 Zip Country
33785 USA

9. Name and Address of Current Registered Agent

DAVIS, IMORAE
2406 GULF BLVD, #103
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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

IMORAE DAVIS, PRES

4/12/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DAVIS, IMORAE
STREET ADDRESS 19111 VISTA BAY DR #607
CITY-ST-ZIP INDIAN SHORES FL

TITLE VICE PRES ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DAVIS, IMORAE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2406 GULF BLVD #103
1.4 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

2.1 TITLE VICE PRES. ☐ Change ☒ Addition

2.2 NAME RAYD. DAVIS
2.3 STREET ADDRESS 2406 GULF #103
2.4 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 727-581-955

Date Daytime Phone #