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Apr 23 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 # S67071 (8)

1. Corporation Name
PAUL DAVIS SYSTEMS INC. OF POLK COUNTY



Principal Place of Business
2222 S. COMBEE RD
SUITE ONE
LAKELAND FL 33801

Mailing Address
2222 S. COMBEE RD
SUITE ONE
LAKELAND FL 33801-8004

3. Date Incorporated or Qualified
07/18/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 308 Commerce Ct.
Suite, Apt. #, etc.
22
City & State
23 Winter Haven, FL
Zip
24 33880
County
25 POLK

2a. Mailing Address
26
Suite, Apt. #, etc.
27 308 Commerce Ct
City & State
28 Winter Haven, FL
Zip
29 33880
County
30 POLK

4. FEI Number
59-3078381

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CARTER, W. GRANT
2222 S. COMBEE RD., SUITE ONE
1545 KINGS POINT DRIVE
LAKELAND FL 33813

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARTER, W. GRANT 2222 S. COMBEE RD STE 1 LAKELAND FL	1.1 TITLE	Address Only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST CARTER, BARBARA R. 2222 S. COMBEE RD STE 1 LAKELAND FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	308 Commerce Ct
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	VD CARTER, SEAN P. 2222 S. COMBEE RD STE 1 LAKELAND FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	308 Commerce Ct
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Haven, FL
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. If changed, or on an attachment with an address.

SIGNATURE: *Barbara R. Carter* 4/14/97 8741-2997688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone

CR2E034 (9/96)