

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90023 046 ***150.00

DOCUMENT # S67071

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

Principal Place of Business
2222 S. COMBEE RD
SUITE ONE
WINTER HAVEN FL 33801
US

Mailing Address
308 COMMERCE CT
SUITE ONE
WINTER HAVEN FL 33880
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 308 COMMERCE COURT

2a. Mailing Address
26 308 COMMERCE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 WINTER HAVEN, FL

27 City & State
28 WINTER HAVEN, FL

24 Zip 33880 25 Country POLK

29 Zip 33880 30 Country POLK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, W. GRANT
2222 S. COMBEE RD., SUITE ONE
1545 KINGS POINT DRIVE
LAKELAND FL 33813

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SAME

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CARTER, W. GRANT
STREET ADDRESS 308 COMMERCE CT
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME CARTER, BARBARA R.
STREET ADDRESS 308 COMMERCE CT
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME CARTER, SEAN P.
STREET ADDRESS 308 COMMERCE CT
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME ROBERT E. HILL
4.3 STREET ADDRESS 5847 COLONIAL PLACE DRIVE
4.4 CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Barbara R. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

941-299-9688
Daytime Phone #

CR2E034 (11/98)