


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V19951 (5)

1. Corporation Name

DAVID W. DAVIS INC.

Principal Place of Business

Mailing Address

**1727 E COMMONWEALTH CIR
CHADLER AZ 85225
US**

**1727 E COMMONWEALTH CIR
CHANDLER AZ 85225
US**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/09/1992	3a. Date of Last Report 04/28/1995
4. FEI Number 59-3117741		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. 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			

9. Name and Address of Current Registered Agent

**PERLMAN, JOSEPH N.
1101 BELCHER ROAD SOUTH
SUITE B
LARGO FL 34641**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	12 NAME	
STREET ADDRESS	DAVIS, DAVID W., JR	13 STREET ADDRESS	
CITY-ST-ZIP	1727 E. COMMONWEALTH CIRCLE	14 CITY-ST-ZIP	
	CHANDLER AZ	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY-ST-ZIP	
CITY-ST-ZIP		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	32 NAME	
NAME		33 STREET ADDRESS	
STREET ADDRESS		34 CITY-ST-ZIP	
CITY-ST-ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	42 NAME	
NAME		43 STREET ADDRESS	
STREET ADDRESS		44 CITY-ST-ZIP	
CITY-ST-ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY-ST-ZIP	
CITY-ST-ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY-ST-ZIP	

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), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David W. Davis, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-96

(602) 899-2562

Date

Telephone #

CR2E034 (3/96)