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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

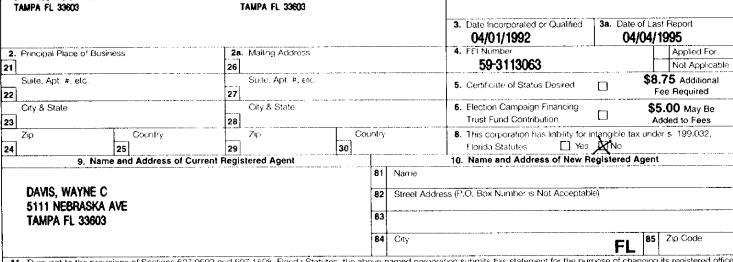
DAVIS ACCOUNTING, INC.

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Principal Place of Busines	ss .	Maiim	ig Ad	ldres:

5111 NEBRASKA AVE **TAMPA FL 33603** 

5111 NEBRASKA AVE

TAMPA FL 33603



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutos.

SIGNATURE	
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Syparum typod criph ordinanic of reproducting a diability of fapplicam (Notific Registered Agent signature region divided recostating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1000 TITLE CR2E034 DAVIS, WAYNE C 1.2 NAME NAME 5111 NEBRASKA AVE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE D 2 1 TITLE THILE DAVIS, WILMA J 2.2 NAME NAME 5111 NEBRASKA AVE 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2.4 City - ST ZIP CITY-ST-ZIP DELETE. 3 1 TIFLE Cnange ☐ Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4 C+TY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4 1 71/LE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY - S1 - ZIP CITY - ST - ZIP DELETE Add tion 5 1 TIFLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - St - ZiP CITY-ST-ZIP Change Addition DELETE 6.1 1111.5 TILLE NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CiTY-ST-ZIP DITY-ST-ZIP

14. I do hereby certify that the information supplied with this fling 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block. 13 of changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

(12/95)