

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V31055** (9)

1. Corporation Name
DAVDAM INC.



Principal Place of Business

**11835 HWY. 77
SOUTHPORT FL 32409**

Mailing Address

**11835 HWY. 77
SOUTHPORT FL 32409**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt., #, etc.

26

State, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WEAKLEY, WARD
11835 HWY 77
SOUTHPORT FL 32409**

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 607.0607 and 607.1305, 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 607.0607, Florida Statutes.

SIGNATURE

Ward Weakley

3/10/96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **P WEAKLEY, WARD W.**
STREET ADDRESS **11835 HWY. 77**
CITY, ST, ZIP **SOUTHPORT FL**

2. TITLE ☐ DELETE

NAME **V WEAKLEY, LESLEY D.**
STREET ADDRESS **11835 HWY 77**
CITY, ST, ZIP **SOUTHPORT FL**

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Ward Weakley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96

904-215-9695
Date Filed

CR2E034 (12/95)