

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90078 044 ***150.00

DOCUMENT # V67866

1. Corporation Name
DAV-DEN, INC.

Principal Place of Business
3705 HENDERSON BOULEVARD
TAMPA FL 33609
US

Mailing Address
3705 HENDERSON BOULEVARD
TAMPA FL 33629
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified.

09/28/1992

4. FEI Number
59-3145241

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

10. Name and Address of New Registered Agent

BELL DAVID A
2405 TRIPLE BROOKS DRIVE
VALRICO FL 33594

81 Name

DAVID A. BELL

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

6607 SEABIRD WAY

83

84 City

Apollo Beach

FL

85 Zip Code

33572

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE PTD
NAME BELL, DAVID A
STREET ADDRESS 2405 TRIPLE BROOKS DR
CITY-ST-ZIP VALRICO FL

1.1 TITLE PTD
1.2 NAME DAVID A. BELL
1.3 STREET ADDRESS 6607 SEABIRD WAY
1.4 CITY-ST-ZIP Apollo Beach, Florida 33572

TITLE VSD
NAME BELL, LINDA LOU
STREET ADDRESS 2405 TRIPLE BROOKS DR
CITY-ST-ZIP VALRICO FL

2.1 TITLE VSD
2.2 NAME LINDA LOU BELL
2.3 STREET ADDRESS 6607 SEABIRD WAY
2.4 CITY-ST-ZIP Apollo Beach, Florida 33572

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 or without other like empowered.

SIGNATURE:

Signature Required

3/24/99 (813) 875-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0386684