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FILED  
May 17, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J 7 0071

1. Corporation Name

DAVIES CONSULTING, INC.

Principal Place of Business

Mailing Address

300 SW 113TH TERRACE  
PENSACOLA PINES, FL 33025

300 SW 113TH TERRACE  
PENSACOLA PINES, FL  
33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/92

2. Principal Place of Business

2a. Mailing Address

21 300 SW 113TH TER

26 300 SW 113TH TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

PENSACOLA PINES, FL

28 City & State

PENSACOLA PINES, FL

24 Zip

33025

25 Country

FLORIDA

29 Zip

33025

30 Country

FLORIDA

4. FEI Number

65-0363290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEFFREY COLLAHAN, ESQ  
700 S ROYAL POINCIANA BLVD ST 502  
MIAMI SPRINGS, FL 33166

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 607.0502 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 DIRECTOR ☒ DELETE  
NAME BRUCE DOWNEY  
STREET ADDRESS 5979 NW 151 ST ST 108  
CITY-ST-ZIP MIAMI LAKES, FL 33014

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

TITLE OFFICER ☐ DELETE  
NAME MARC DAVIES  
STREET ADDRESS 300 SW 113TH TER  
CITY-ST-ZIP PENSACOLA PINES, FL 33025

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

TITLE DIRECTOR ☐ DELETE  
NAME CINDY DAVIES  
STREET ADDRESS 300 SW 113TH TERRACE  
CITY-ST-ZIP PENSACOLA PINES, FL 33025

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  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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:

MARC DAVIES Pres.

4/27/99

(954) 832-6213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)