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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:09

DOCUMENT # **811143** **(7)**

1. Corporation Name

DAVIS WATER & WASTE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
1820 METCALF AVENUE P.O. BOX 1419 THOMASVILLE GA 31792	1820 METCALF AVENUE P.O. BOX 1419 THOMASVILLE GA 31792

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1956	3a. Date of Last Report: 02/23/1994
4. FEI Number: 58-0959907	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, STAN	1.2 NAME	
STREET ADDRESS	1820 METCALF AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	1.4 CITY-ST-ZIP	
TITLE	CPD	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, DOYLE	2.2 NAME	
STREET ADDRESS	1820 METCALF AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JASPER C	3.2 NAME	
STREET ADDRESS	1820 METCALF AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, R R	4.2 NAME	
STREET ADDRESS	1820 METCALF AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, FORBES	5.2 NAME	
STREET ADDRESS	1820 METCALF AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	MAY, LARRY	6.2 NAME	
STREET ADDRESS	1820 METCALF AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	6.4 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)(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.

SIGNATURE: _____ Jan. 17, 1995 912-226-5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400260 FP