FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **858069** **(8)**

1. Corporation Name

WINK DAVIS EQUIPMENT CO., INC.

Principal Place of Business	Mailing Address
800 MIAMI CIRCLE N.E. P O BOX 14226 ATLANTA GA 30324	800 MIAMI CIRCLE N.E. P O BOX 14226 ATLANTA GA 30324

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

3. Date Incorporated or Qualified: **10/11/1983**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **58-0521520** ☐ 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

9. Name and Address of Current Registered Agent

CARTER, C. DAVID
6869 PHILLIPS PARKWAY DR. SOUTH
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: RON CONROY
82 Street Address (P.O. Box Number is Not Acceptable): 7818 ALHURST ST
83
84 City: JACKSONVILLE **FL** 85 Zip Code: 32211

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: /s/ Ronald P. Conroy (Signature of new registered agent, if changed) (Printed name of new registered agent, if changed) DATE: 2-15-96

12. OFFICER/S AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	DAVIS, WINK A., SR.		1.2 NAME	LYDAY, DAVID	
STREET ADDRESS	4622 CLUB CIRCLE NE		1.3 STREET ADDRESS	2265 SPEAR POINT TR	
CITY-ST-ZIP	ATLANTA GA 30319		1.4 CITY-ST-ZIP	MARIETTA, GA 30062	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, WINK A., JR.		2.2 NAME		
STREET ADDRESS	795 OVERHILL COURT NW		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, C. ALEXANDER		3.2 NAME		
STREET ADDRESS	4130 E. BROOKHAVEN DRIVE NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30319		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, C. DAVID		4.2 NAME		
STREET ADDRESS	125 DERBY FOREST CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA 30076		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: /s/ Wink A. Davis SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/19/96 404-266-2290 (Daytime Phone Number)