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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G40250 (4)

1. Corporation Name

H. EMORY DAVIS INSURANCE AGENCY, INC

Principal Place of Business

2622-A2 N.W. 43RD ST.
GAINESVILLE FL 32606

Mailing Address

2622-A2 N.W. 43RD ST.
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1983

3a. Date of Last Report

01/24/1994

4. FEI Number

59-2294131

Applies 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

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Suite, Apt. #, etc.

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City & State

23

Zip

Country

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26. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, H. EMORY
2622-A2 N.W. 43RD STREET
GAINESVILLE FL 32606

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

(If not typed, print name of Registered Agent and Florida address)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14

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DAVIS, H. EMORY
2622-A2 N.W. 43RD ST.
GAINESVILLE, FL 00000

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DAVIS, ETHELDA
2622-A2 N.W. 43RD ST.
GAINESVILLE, FL 00000

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1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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SIGNATURE:

H. EMORY DAVIS

2/22/95

(904) 377-2060