

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J10323 (0)

1. Corporation Name

DAVIS PAINTING, INC.



Principal Place of Business

Mailing Address

4289 STACEY COURT
~~171 LA PASADA CIR~~
JACKSONVILLE FL 32250
US

4289 STACEY COURT
~~171 LA PASADA CIR~~
JACKSONVILLE FL 32250
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 4289 Stacey Court
27 Suite, Apt. #, etc.
28 Jacksonville FL
29 32250
30 Duval

9. Name and Address of Current Registered Agent

DAVIS, SANDRA K.
4289 STACEY COURT
JACKSONVILLE FL 32250

3. Date Incorporated or Qualified
04/22/1986

3a. Date of Last Report
05/01/1995

4. FET Number

59-2674329

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

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

Signature, typed or printed name of registered agent and title in application

(NOTE: Registered Agent signature required when not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, STEPHEN C.
STREET ADDRESS 4289 STACEY COURT
CITY-ST-ZIP JACKSONVILLE FL
TITLE VSD
NAME DAVIS, SANDRA K.
STREET ADDRESS 4289 STACEY COURT
CITY-ST-ZIP JACKSONVILLE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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: Sandra K. Davis SANDRA K. DAVIS 3/20/96 904/223-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)