

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V36934** (0)
1. Corporation Name
NETTIE DAVIS, INC.



Principal Place of Business: **1247 E. BAYA AVENUE LAKE CITY FL 32055**
Mailing Address: **1247 E. BAYA AVENUE LAKE CITY FL 32025-8074**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1500 S. First St	26	1500 S. First St	05/18/1992	05/01/1996
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.	4. FEI Number	Applied For
23	LAKE City FL	28	LAKE City FL	59-3124977	Not Applicable
24	32025	29	32025	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Columbia	30	Columbia	<input type="checkbox"/>	<input type="checkbox"/>
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVIS, NETTIE 1247 E. BAYA AVE. LAKE CITY FL 32055				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	LAKE City		
				84	City	FL	85 Zip Code
							32025

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAVIS, NETTIE M		1.2 NAME				
STREET ADDRESS	1247 E. BAYA AVE- 1500 S. First St		1.3 STREET ADDRESS				
CITY- ST- ZIP	LAKE CITY FL 32055 32025		1.4 CITY- ST- ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SUND, JACQUELINE		2.2 NAME				
STREET ADDRESS	RT. 12 BOX 7-K		2.3 STREET ADDRESS				
CITY- ST- ZIP	LAKE CITY FL 32055		2.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY- ST- ZIP			3.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY- ST- ZIP			4.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY- ST- ZIP			5.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY- ST- ZIP			6.4 CITY- ST- ZIP				

14. I do 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.

SIGNATURE: Nettie M Davis DATE: 4/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)