

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**
95 MAY -1 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 147526 (8)

1. Corporation Name
J.B. DAVIS INC.

Principal Place of Business
**420 LAKE SHORE DR
MADISON FL 32340**

Mailing Address
**420 LAKE SHORE DR
MADISON FL 32340**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/21/1946** 3a. Date of Last Report **06/06/1994**

4. FEI Number **59-0555659** 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 (32), Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**DAVIS JR, JAMES B
BASE & DUVAL STREET
MADISON FL 32340**

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS JR, JAMES B
STREET ADDRESS	420 LAKESHORE DR
CITY - ST - ZIP	MADISON FL
TITLE	STD
NAME	DAVIS, MARTHA O
STREET ADDRESS	420 LAKESHORE DR
CITY - ST - ZIP	MADISON FL
TITLE	D
NAME	DAVIS, ALBERT T
STREET ADDRESS	420 LAKESHORE DR
CITY - ST - ZIP	MADISON FL
TITLE	VD
NAME	DAVIS, JAMES B III
STREET ADDRESS	420 LAKESHORE DR
CITY - ST - ZIP	MADISON FL
TITLE	D
NAME	SAUNDERS, MARTHA D
STREET ADDRESS	420 LAKESHORE DR
CITY - ST - ZIP	MADISON FL
TITLE	VD
NAME	DAVIS, HENRY N
STREET ADDRESS	420 LAKESHORE DR
CITY - ST - ZIP	MADISON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2. 1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3. 1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4. 1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. 1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6. 1 TITLE	☐ Change ☐ Addition
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)(b), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

Date

9049732215

Signature Number