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Mar 03 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 # 147526 (8)
1. Corporation Name
J.B. DAVIS INC.

Principal Place of Business Mailing Address
420 LAKE SHORE DR 420 LAKE SHORE DR
MADISON FL 32340 MADISON FL 32340-2742



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1946		3a. Date of Last Report 04/02/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0555659		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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 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				85 Zip Code FL			

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 of officer or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS JR, JAMES B	1.2 NAME	
STREET ADDRESS	420 LAKESHORE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARTHA O	2.2 NAME	
STREET ADDRESS	420 LAKESHORE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ALBERT T	3.2 NAME	
STREET ADDRESS	420 LAKESHORE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON FL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES B III	4.2 NAME	
STREET ADDRESS	420 LAKESHORE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, MARTHA D	5.2 NAME	
STREET ADDRESS	420 LAKESHORE DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON FL	5.4 CITY - ST - ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HENRY N	6.2 NAME	
STREET ADDRESS	420 LAKESHORE DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON FL	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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97
Date

Daytime Phone #

CR2E034 (9/96)