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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90061 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 147526 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	
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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	
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	
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	PD	3.1 TITLE	
NAME	DAVIS, JAMES B III	3.2 NAME	
STREET ADDRESS	420 LAKESHORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SAUNDERS, MARTHA D	4.2 NAME	
STREET ADDRESS	420 LAKESHORE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	DAVIS, HENRY N	5.2 NAME	
STREET ADDRESS	420 LAKESHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)