

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 172937 (5)

1. Corporation Name

GEO. W. DAVIS & SONS, INC.



Principal Place of Business

Mailing Address

C/O BONNIE J. DAVIS
5109 NORTH LAGOON DRIVE
PANAMA CITY BEACH FL 32408

C/O BONNIE J. DAVIS
5109 NORTH LAGOON DRIVE
PANAMA CITY BEACH FL 32408

3. Date Incorporated or Qualified
03/28/1953

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-0697935

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, BONNIE J.
5109 N LAGOON DR.
PANAMA CITY BEACH FL 32408

81 Name

BONNIE J. DAVIS

82 Street Address (P.O. Box Number is Not Acceptable)

2843 LONGLEAF ROAD

83

PANAMA CITY FL

84 City

FL

85 Zip Code

32408

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 the filer (applicable)

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, JOE ED
STREET ADDRESS 5109 N LAGOON DR.
CITY-ST-ZIP PANAMA CITY BCH. FL ☐ DELETE

TITLE S
NAME DAVIS, BONNIE
STREET ADDRESS 5109 NORTH LAGOON DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL ☐ DELETE

TITLE VD
NAME DAVIS, GROVER
STREET ADDRESS 5109 N LAGOON DR
CITY-ST-ZIP PANAMA CITY BCH FL ☐ DELETE

TITLE T
NAME DAVIS, JUDY
STREET ADDRESS 5109 N LAGOON DR
CITY-ST-ZIP PANAMA CITY BCH. FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P DAVIS JOE ED ☒ Change ☐ Addition
1.2 NAME 5109 N LAGOON DR
1.3 STREET ADDRESS 5109 N LAGOON DR
1.4 CITY-ST-ZIP PANAMA CITY FL 32408

2.1 TITLE S DAVIS BONNIE ☒ Change ☐ Addition
2.2 NAME 5109 NORTH LAGOON DRIVE
2.3 STREET ADDRESS 5109 NORTH LAGOON DRIVE
2.4 CITY-ST-ZIP PANAMA CITY FL 32408

3.1 TITLE VD DAVIS GROVER ☒ Change ☐ Addition
3.2 NAME 5109 N LAGOON DR
3.3 STREET ADDRESS 5109 N LAGOON DR
3.4 CITY-ST-ZIP PANAMA CITY FL 32408

4.1 TITLE T DAVIS JUDY ☒ Change ☐ Addition
4.2 NAME 5109 N LAGOON DR
4.3 STREET ADDRESS 5109 N LAGOON DR
4.4 CITY-ST-ZIP PANAMA CITY FL 32408

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Daytime Phone #

CR2E034 (12/95)