


\*\*\*\*\* AMENDED ANNUAL REPORT \*\*\*\*\*

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 172937		(5)	
1. Corporation Name <b>GEO. W. DAVIS &amp; SONS, INC.</b>			

Principal Place of Business <b>C/O BONNIE J. DAVIS 2843 LONGLEAF ROAD PANAMA CITY BEACH FL 32405</b>	Mailing Address <b>C/O BONNIE J. DAVIS 2843 LONGLEAF ROAD PANAMA CITY BEACH FL 32405</b>
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2. Principal Place of Business 21 <b>3830 Frankford Avenue</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 4388</b> Suite, Apt. #, etc.
22 City & State 23 <b>Panama City, FL</b> Zip Country 24 <b>32405</b> 25 <b>USA</b>	27 City & State 28 <b>Panama City, FL</b> Zip Country 29 <b>32401</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>BONNIE J. DAVIS 2843 LONGLEAF ROAD PANAMA CITY, FL 32405</b>	
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3. Date Incorporated or Qualified <b>03/28/1953</b>	
4. FEI Number <b>59-0697935</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name <b>Grover W. Davis</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>3024 Kings Harbour Road</b>	
83	
84 City <b>Panama City</b>	85 Zip Code <b>FL 32405</b>

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 *Grover W. Davis* **Grover W. Davis, President** **November 16, 1998**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>DELETE</del> <b>Davis, Joe Ed</b> <b>2843 Longleaf Road</b> <b>Panama City, FL 32405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>DELETE</del> <b>Davis, Bonnie</b> <b>2843 Longleaf Road</b> <b>Panama City, FL 32405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>DELETE</del> <b>Davis, Grover</b> <b>2843 Longleaf Road</b> <b>Panama City, FL 32405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>DELETE</del> <b>Davis, Judy</b> <b>2843 Longleaf Road</b> <b>Panama City, FL 32405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D <del>Change</del> <input type="checkbox"/> Addition <b>Davis, Grover</b> <b>3024 Kings Harbour Road</b> <b>Panama City, FL 32405</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/D <del>Change</del> <input type="checkbox"/> Addition <b>Davis, Kimberly K.</b> <b>203 Timber Lane</b> <b>Panama City, FL 32405</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/D <del>Change</del> <input type="checkbox"/> Addition <b>Davis, Judy</b> <b>3024 Kings Harbour Road</b> <b>Panama City, FL 32405</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D <del>Change</del> <input type="checkbox"/> Addition <b>Beasley, Kerrie D.</b> <b>2859 Tupelo Drive</b> <b>Panama City, FL 32405</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Kimberly K. Davis* **Kimberly K. Davis** **11/16/98** **(850)769-2391**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

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