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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 303881 (7)

1. Corporation Name  
DAVIS AND GAINES, INC.

Principal Place of Business  
50 EAST I ST. FROSTPROOF, FL  
P.O. BOX 1010  
BABSON PARK FL 33827

Mailing Address  
50 EAST I ST. FROSTPROOF, FL  
P.O. BOX 1010  
BABSON PARK FL 33827-1010



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DAVIS, EARLY N, JR  
244 MASTERPIECE ROAD  
LAKE WALES FL 33853

3. Date Incorporated or Qualified

05/20/1986

3a. Date of Last Report

04/17/1996

4. FEI Number

59-1140089

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GAINES, J P JR  
STREET ADDRESS 1405 DOLIVE DR.  
CITY-ST-ZIP ORLANDO FL  
☒ DELETE

TITLE DS  
NAME DAVIS, EARLY N.  
STREET ADDRESS 244 MASTERPIECE ROAD  
CITY-ST-ZIP LAKE WALES FL  
☐ DELETE

TITLE PD  
NAME GAINES, STELLA D  
STREET ADDRESS 1405 DOLIVE DR  
CITY-ST-ZIP ORLANDO, FL 00000  
☐ DELETE

TITLE VTD  
NAME DAVIS, WILLIAM LEE  
STREET ADDRESS 29 SILVER OAK CT.  
CITY-ST-ZIP LAKE WALES 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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D  
Pamela G. Pope  
4237 Winderlakes  
Orlando, FL 32811  
☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☒ Change ☐ Addition  
933 Country Lake Circle  
Lake Wales, FL 33853

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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Davis

4/8/97 (941) 635-4881

Daytime Phone #

0393318

CR2E034 (9/96)