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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # (2)W. E. DAVIS & SONS, INC. Principal Place of Business Mailing Address 4010 NW 25TH PLACE PO BOX 13442 P O BOX 13442 P O BOX 13442 **GAINSVILLE FL 32606** GAINESVILLE FL 32604-1442 3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1968 03/05/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For P.O. Box 13442 4010 NW 25TH PLACE 59-1228060 Not Applicable Suite Apt # etc. Suite, Apt. #. etc. \$8.75 Additional [] 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for in ingringible tax under s. 199.032. Florida Statutes Yes \sum \text{In No} us 32604-1442 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, JOSEPH W. 1401 N.W. 60TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32605 B3** City 84 Zip Code 85 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 Cognories Type of or print. If it was left or assembly agreed and title or applicable (NOTE, Ex.g stered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change THLE 1.1 TITLE Addition PDST DAVIS, JOSEPH W NAME 1.2 NAME 1401 N.W. 60TH STREET STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL 1.4 CITY - \$1 - ZiP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ___ Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DITY-ST-7(P DELETE 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CI<u>IY - ST - ZIP</u> Citty - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 09 i - \$1-7# 5.4 CITY - ST - ZIP DELETE Change Addition 11"LE 6.1 T:TLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS COY-ST ZIF 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this lifting 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 supplier certify that the information indicated on this annual report or supplier certify that the lam an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attack with an address.

SIGNATURE:

THE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

(352) 372-6300

FILED

Jan 14 1997 8:00am

Secretary of State

2E034 (9/96)