FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 11:00

DOCUMENT # 333850 (6)

1. Corporation Name
DAVIS HOLDING COMPANY

Principal Place of Business	Mailing Address
3010 CREEKSIDE TRAIL P O BOX 1049 GREEN COVE SPRINGS FL 32043	3010 CREEKSIDE TRAIL P O BOX 1046 GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1968
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21 3010 Creekside Tr
22 Suite, Apt. #, etc.
23 City & State: Green Cove Springs FL
24 Zip: 32043
25 County: Clay

2a. Mailing Address
26 3010 Creekside Trail
27 Suite, Apt. #, etc.
28 City & State: Green Cove Springs FL
29 Zip: 32043
30 County: Clay

4. FEI Number: 59-1233982 ☐ 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

DAVIS,FRED C
3010 CREEKSIDE TR
GREEN COVE SPGS FL 32043

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, FRED C	1.2 NAME	
STREET ADDRESS	3010 CREEKSIDE TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ELEANOR K	2.2 NAME	
STREET ADDRESS	3010 CREEKSIDE TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRIGHT, LAUREN D.	3.2 NAME	
STREET ADDRESS	3030 CREEKSIDE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, ANNE C	4.2 NAME	POOLE, ANNE D
STREET ADDRESS	3020 CREEKSIDE TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, FRED K.	5.2 NAME	
STREET ADDRESS	3040 CREEKSIDE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: _____ Anne D. Poole 3/10/95 904/282-6035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400001 FP