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FILED
Feb 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

DOCUMENT # 333850 (6)
1. Corporation Name
DAVIS HOLDING COMPANY

Principal Place of Business
3010 CREEKSIDE TR
GREEN COVE SPRINGS FL 32043
US

Mailing Address
3010 CREEKSIDE TRAIL
GREEN COVE SPRINGS FL 32043-8230
US



3. Date Incorporated or Qualified 08/15/1968
3a. Date of Last Report 05/01/1996
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME DAVIS, FRED C
STREET ADDRESS 3010 CREEKSIDE TRAIL
CITY-ST-ZIP GREEN COVE SPRGS FL

☐ DELETE

TITLE SD
NAME DAVIS, ELEANOR K
STREET ADDRESS 3010 CREEKSIDE TRAIL
CITY-ST-ZIP GREEN COVE SPRGS FL

☐ DELETE

TITLE D
NAME BRIGHT, LAUREN D.
STREET ADDRESS 3030 CREEKSIDE TRAIL
CITY-ST-ZIP GREEN COVE SPRGS FL

☐ DELETE

TITLE D
NAME POOLE, ANNE D
STREET ADDRESS 3020 CREEKSIDE TRAIL
CITY-ST-ZIP GREEN COVE SPRGS FL

☐ DELETE

TITLE D
NAME DAVIS, FRED K.
STREET ADDRESS 3040 CREEKSIDE TRAIL
CITY-ST-ZIP GREEN COVE SPRGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ 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

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

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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0014102

CR2E034 (9/96)