

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **454760** (0)

1. Corporation Name
DAVID BUILDERS, INC.



Principal Place of Business

**4533 SUNBEAM RD
STE 803
JACKSONVILLE FL 32257
US**

Mailing Address

**4533 SUNBEAM RD
STE 803
JACKSONVILLE FL 32257
US**

2. Principal Place of Business

21 **9555 Sunbeam Center Dr.**
22 State Apt. #, etc.

23 **Jax., FL**
24 **32257** 25 **US**

2a. Mailing Address

26 **4533 Sunbeam Rd**
27 State Apt. #, etc.

28 **Jax., FL**
29 **32257** 30 **US**

3. Date Incorporated or Qualified
06/14/1974

3a. Date of Last Report
02/03/1995

4. FEI Number
59-1539320

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

**DAVID, MARGUERITE J. Pres.
8604 LA LOSA DRIVE WEST
JACKSONVILLE FL 32217**

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 607.0505, 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

Marguerite J. David *Marguerite J. David*

2-1-96
DATE

12. OFFICERS AND DIRECTORS

12a. NAME **ST WOODROW J. DAVID**
12b. STREET ADDRESS **8604 LA LOSA DRIVE WEST**
12c. CITY, ST, ZIP **JACKSONVILLE, FL 00000**

12d. NAME **DAVID, CHARLES J**
12e. STREET ADDRESS **4220 KINCARDINE DR**
12f. CITY, ST, ZIP **JACKSONVILLE FL 32257**

12g. NAME **DAVID, CHARLES J**
12h. STREET ADDRESS **4220 KINCARDINE DR**
12i. CITY, ST, ZIP **JACKSONVILLE FL 32257**

12j. NAME **DAVID, CHARLES J**
12k. STREET ADDRESS **4220 KINCARDINE DR**
12l. CITY, ST, ZIP **JACKSONVILLE FL 32257**

12m. NAME **DAVID, CHARLES J**
12n. STREET ADDRESS **4220 KINCARDINE DR**
12o. CITY, ST, ZIP **JACKSONVILLE FL 32257**

12p. NAME **DAVID, CHARLES J**
12q. STREET ADDRESS **4220 KINCARDINE DR**
12r. CITY, ST, ZIP **JACKSONVILLE FL 32257**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME **Pres Marguerite J. David**
13b. STREET ADDRESS **8604 LaLosa Dr.**
13c. CITY, ST, ZIP **Jacksonville, FL 32217**

13d. NAME **Sec/V.P. Charles J. David**
13e. STREET ADDRESS **4220 Kincardine Dr.**
13f. CITY, ST, ZIP **Jacksonville, FL 32257**

13g. NAME **DAVID, CHARLES J**
13h. STREET ADDRESS **4220 KINCARDINE DR**
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13p. NAME **DAVID, CHARLES J**
13q. STREET ADDRESS **4220 KINCARDINE DR**
13r. CITY, ST, ZIP **JACKSONVILLE FL 32257**

14. I 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)(k), 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 recorder 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

904-886-9232

CR2E034 (12/95)