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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(4)

DAVIS REFINING CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 6089 TALLAHASSEE FL 32314	P.O. BOX 6089 Tallahassee FL 32314

|--|

3. Date Incorporated or Qualified

01/15/1976

3a. Date of Last Report

08/15/1995

						01/10/1870		7 10 1000	
Principal Place	of Business	2a. Mailing Address				4. FEI Number		L	plied For t Applicable
		26	26			59-1642528	\$8.75		
Suite, Apt. #, etc.						5. Certificate of Status Desired		Fee Re	
		27 State				6. Election Campaign Financing		\$5.00	May Be
City & State						Trust Fund Contribution		Added t	o Fees
		28	Cox	untry		8. This corporation has liability for	ntangible ta	x under s 1	99.032,
Zip	Country	Zip	30	- · · · ·		Florida Statutes	∐] No		
	25 g. Name and Address of Curr	29 ent Registered Agent		1		10. Name and Address of New F	egistered /	Agent	
_	9. Name and Address of Con-	<u> </u>		81	Name				
D4140 OF	CODOE 1 CD			82	Street Aridre	ess (P.O. Box Number is Not Acceptat	ile)		
DAVIS, GE	EORGE 1., SR.			102	Stiest Addic				
2606 SPK	INGHILL ROAD			83					
P.O. BOX 6089 TALLAHASSEE FL 32314				84	City			85 Zip	Code
				1 - 1	•		FL		-1-1
	U	02 and 607.1508. Florida Statu	ites, the ab	ove-r	named corpora	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of cha	anging its re- recistered a	gistered offo agent. I am
or registered	l agent, or both, in the State of Fl	lorida. Such change was author	ized by the	corp	oration's boar	d of directors. I hereby accept the app.	ON ILL PIONE DO	region	3-
familiar with,	and accept the obligations of, S	ection 607.0505, Florida Statut	5 5.						
gnature	GEO, T DAY	IS	NOTE: Register	ed Ager	nt signature required	t when reinstating)	DATE		
	griature, typied or printed name of registered a	AND DIRECTORS	13			ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTOR	RS IN 12
·	PD	DELETE	1, 1	TITLE			I	Change	Addition
.F	DAVIS, GEORGE I, SR	_	1.2	NAME	Ì				
ME \	2606 SPRINGHILL RD #6	DRO	1.3	STREE	I ADDRESS				
REE1 ADDRESS	TALLAHASSEE FL	003		CITY-					Ping Addition
Y - ST - ZIP	TALLANASSEE TE	☐ DELETE	2	1 TITLE				Change	Modilion
t E			2.2	NAME					
MÉ			23	STREE	T ADDRESS				
REET ADDRESS			2.4	CITY-	ST-ZIP				
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DIY-SI-7IP DITE NAME STREET ADDRESS CHY-SI-7IP TITLE NAME STREET ADDRESS		☐ DELETE	5 5 5 6	1 TITU 2 NAM 3 STHE 4 CITY 5 1 TITU 5 2 NAM 5 3 STRE	E ET ADDRESSST-ZIP E E EET ADDRESS	for the exemption stated in Section 1			

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)(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 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.

TAME OF SIGNING OFFICER OR DIRECTOR