

ANNUAL REPORT
1995

Division of Corporations
Secretary of State

FILED

95 MAR 31 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **643564** (8)
1. Corporation Name
D.S. & W. CONTRACTORS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1162 OAKWOOD DRIVE DUNEDIN FL 34698

3. Date Incorporated or Qualified **10/31/1979** 3a. Date of Last Report **04/20/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	2a	59-1948771	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CAMPBELL, JAMES ESQ 317 E MAIN ST NEW PT RICHEY, FL 33552		81 Name	Donnie W. Davis	
		82 Street Address (P.O. Box Number is Not Acceptable)	1162 Oakwood drive	
		83		
		84 City	Dunedin	85 Zip Code FL 34698

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, for 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 607.0501, Florida Statutes.

SIGNATURE: *Donnie W Davis* **DONNIE W DAVIS** 3/22/95
(Signature of the registered agent or the incorporator) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DONNE	1.2 NAME	
STREET ADDRESS	1162 OAKWOOD DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DONNIE	2.2 NAME	Treasurer
STREET ADDRESS	1162 OAKWOOD DRIVE	2.3 STREET ADDRESS	Donnie W Davis
CITY - ST - ZIP	DUNEDIN FL	2.4 CITY - ST - ZIP	1162 Oakwood Drive
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Secretary
STREET ADDRESS		3.3 STREET ADDRESS	Connie S. Davis
CITY - ST - ZIP		3.4 CITY - ST - ZIP	1162 Oakwood Drive
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Dunedin, FL 34698
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 incorporator or authorized 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: *Donnie W Davis* **DONNIE W DAVIS** 3/21/95 813-855-2144
(Signature and typed name of signing officer or director) (Type)