

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 1998 8:00am
 Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 661869 (8)
 1. Corporation Name
WALTON P. DAVIS MOVING & STORAGE CO., INC.



| | |
|--|--|
| Principal Place of Business 1125 NORTH 53RD COURT WEST PALM BEACH FL 33407 | Mailing Address 1125 NORTH 53RD COURT WEST PALM BEACH FL 33407 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/16/1980 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2068264 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| KELLY, PATRICK W 16059 EAST DOWNERS DR LOXAHATCHEE FL 33470 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | 85 | Zip Code |
| | | | | FL | |

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 | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-----------------------|---------------------------------|---|--|---|
| TITLE | PD | <input type="checkbox"/> DELETE | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYNCH, EDMUND C., III | | 1.2 NAME | | |
| STREET ADDRESS | 7 OYSTER BAY RD. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOCUST VALLEY NY | | 1.4 CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLY, PATRICK W | | 2.2 NAME | | |
| STREET ADDRESS | 16059 EAST DOWNERS DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOXAHATCHEE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 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 | | <input type="checkbox"/> DELETE | 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: _____

CR2E034 (5/98)