

FILE NOW: FILING FEE AND FEE FOR MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 675412 (1)
 1. Corporation Name
R.M. MCDAVID & CO.



Principal Place of Business 715 SOUTH PALAFOX STREET P.O. BOX 13046 PENSACOLA FL 32501	Mailing Address P.O. BOX 207 PENSACOLA FL 32591
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 717 South Palafox Street Suite, Apt #, etc. 22 City & State 23 Pensacola, FL 32501 Zip Country 24 32501 USA	2a. Mailing Address 26 P. O. Box 13046 Suite, Apt #, etc. 27 City & State 28 Pensacola, FL 32591 Zip Country 29 32591 USA
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3. Date Incorporated or Qualified 06/28/1980	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCDAVID, R M 715 SOUTH PALAFOX STREET PENSACOLA FL 32501		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable) 717 South Palafox Street
		83
		84 City Pensacola FL 85 Zip Code 32501

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 family with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *R. M. McDavid* **R. M. McDavid, Director** **4/29/98**
Signature, typed or printed name of registered agent, and title (applicable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input type="checkbox"/>
NAME	MCDAVID, SANDRA J	
STREET ADDRESS	715 SOUTH PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DP	<input type="checkbox"/>
NAME	MCDAVID, R M	
STREET ADDRESS	715 SOUTH PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(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 *R. M. McDavid* **R. M. McDavid, Director** **4/29/98** **850-432-0006**

CR2E034 (10/97)