

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

FILED
Jan 21 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 # 692343 (7)

1. Corporation Name
BILLY CHARLES DAVIS, INC.

Principal Place of Business

% BILL C DAVIS
3571 RIDGEWOOD AVE
PORT ORANGE FL 32119

Mailing Address

% BILL C DAVIS
3571 RIDGEWOOD AVE
PORT ORANGE FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1981

4. FEI Number

59-2128334-59-347661

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 owes or has paid the current year Intangible
Personal Property Tax due June 30, Yes ☒ No ☐

2. Principal Place of Business
21 504 Moonrise Dr.
Suite, Apt. #, etc.

22 City & State
23 Port Orange, FL

24 Zip 32127 25 Country Volusia

2a. Mailing Address
26 504 Moonrise Dr.
Suite, Apt. #, etc.

27 City & State
28 Port Orange, FL

29 Zip 32127 30 Country Volusia

9. Name and Address of Current Registered Agent

DAVIS, BILL C
3571 RIDGEWOOD AVE
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

504 Moonrise Dr.

83

84 City

Port Orange

FL

85

Zip Code

32127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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

TITLE P
NAME DAVIS, CATHERINE A.
STREET ADDRESS 6184 HALF MOON DRIVE
CITY-ST-ZIP PORT ORANGE FL

TITLE ST
NAME DOUGHTY, CHRISTINE
STREET ADDRESS 404 WESTERN ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE V
NAME DAVIS, BILL C
STREET ADDRESS 3571 RIDGEWOOD AVE
CITY-ST-ZIP PORT ORANGE, FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Pres. v.p., 517.
3.2 NAME
3.3 STREET ADDRESS 504 Moonrise Dr.
3.4 CITY-ST-ZIP Port Orange, FL 32127

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: D. Brandon Davis

1-12-98

CR2E034 (10/97)