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	Name ARLES DAVIS, IN									
rincipal Place o BILL C DAVIS I MOONFISE DI	9R		Mailing Address * BitL C DAVIS 504 MOONRISE DR				O NOT WRIT		SPACE	
rt orange fl	L 32127		PORT ORANGE FL 32127 US			3. Date Incorporated				
Principal Plac	re of Business		Za. Mailing Address			07/01/1981 4. FEI Number			I I A	plied For
ranopa rec	Le Oi Dusilless	20	¬ -			59-3476661			<u> </u>	t Applicable
Suite, Apl. #,	etc.	2	Suite, Apt. #, etc.			5. Certificate of State	s Desired			Additional equired
City & Stale		21	City & State			6. Election Campaig Trust Fund Contri	_			May Be to Fees
Zip	Country	'	Zip	Con	ntry	8. This corporation of	wes the curre	nt year in	tangible	
	9. Name and Addres	21 as of Current Rec		30		Personal Property 10. Name and Addre		plstared	Agent	□No
					81 Name					
	, bill C Oonrise dr				82 Street Ad	ddress (P.O. Box Number is	Not Acceptat	He)		
	ORANGE FL 32127				83					
	-				84 City				85 Zip	Code
					84 City			FL	_ 63 210	
Pursuant to to office of regisagent. I am f	the provisions of Sections of	ons 607,0502 and in the State of Flo pt the obligations	607.1508, Florida Statute irlda. Such change was a of, Section 607.0505, Flor	es, the at uthorized rida Statu	ove-named or by the corporates.	orporation submits this state ation's board of directors. I	ment for the p hereby accept		changing its intment as re	registered gistered
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