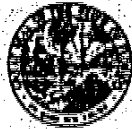


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 23 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722148 (4)

1. Corporation Name

A. DARIUS DAVIS FAMILY - WD CHARITIES, INC.

Principal Place of Business

5050 EDGEWOOD COURT
JACKSONVILLE FL 32205

Mailing Address

5050 EDGEWOOD COURT
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1971

3a. Date of Last Report

04/14/1994

4. FEI Number

59-6128575

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

32254

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

32254

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKELTON, H.J.
5050 EDGEWOOD COURT
JACKSONVILLE FL 32205

32254

81 Name

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

83

84 City

FL

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DAVIS, LEE W
STREET ADDRESS 1 RIVERFRONT PLAZA #1404
CITY-ST-ZIP LOUISVILLE KY

TITLE VTD
NAME SKELTON, H.J.
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE SAT
NAME BISHOP, G. P. JR.
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE VD
NAME DAVIS, ROBERT D
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE PD
NAME DAVIS, A D
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE VAS
NAME FRANCIS, H.D.
STREET ADDRESS 5050 EDGEWOOD CT
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

G.P. Bishop, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.P. Bishop, Jr.

3-6-95

(904) 783-5314

Date

Telephone #