

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Suzanne B. McPherson  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 847934 (7)**  
1. Corporation Name  
**DAVCO CORPORATION OF TENNESSEE**



Principal Place of Business: **5384 POPLAR AVE MEMPHIS TN 38119**  
Mailing Address: **5384 POPLAR AVE MEMPHIS TN 38119**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				
9. Name and Address of Current Registered Agent									

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>01/13/1981</b>	<b>01/19/1995</b>
4. FEI Number	Applied For
<b>62-0869784</b>	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 has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
	<b>FL</b>

11. Pursuant to the provisions of Sections 607.099 and 607.1004, Florida Statutes, the above named corporation submits her statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was approved by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby bound to accept the obligations of Section 607.1004, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	CD DAVENPORT, W H	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5384 POPLAR AVE #500	STREET ADDRESS	
CITY, STATE, ZIP	MEMPHIS, TN 00000	CITY, STATE, ZIP	
NAME	PD DAVENPORT, W.H., II	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5384 POPLAR AVE STE 500	STREET ADDRESS	
CITY, STATE, ZIP	MEMPHIS TN	CITY, STATE, ZIP	
NAME	STD PORTMAN, DAVID H	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5384 POPLAR AVE #500	STREET ADDRESS	
CITY, STATE, ZIP	MEMPHIS, TN 00000	CITY, STATE, ZIP	
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I do hereby certify that the information supplied by this filing is correct, true and does not conflict with the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that I am an officer or director of the corporation or the person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an alternate filing address.

SIGNATURE: *David Portman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**David Portman, Secy-Treas.**

CR2E034 (12/95)