

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F18111 (7)

1. Corporation Name

DAVIS BUILDERS, INC. OF POLK COUNTY



Principal Place of Business

Mailing Address

ROUTE 1 BOX 1717  
O'BRIEN FL 32071  
US

ROUTE 1 BOX 1717  
O'BRIEN FL 32071  
US

3. Date Incorporated or Qualified  
02/03/1981

3a. Date of Last Report  
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 24844 County Road 137  
Suite, Apt. #, etc.

26 24844 County Road 137  
Suite, Apt. #, etc.

22. City & State

23 O'Brien Fla.

27. City & State

28 O'Brien Fla.

24 Zip 32071

25 Country Sulwannee

29 Zip 32071

30 Country Sulwannee

4. FEI Number  
59-2065248

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, N.I., JR  
~~X~~ ROUTE BOX 1717 - 24844 County Road 137  
O'BRIEN FL 32071

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 title in all places.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	DAVIS, NANCY SUE	
STREET ADDRESS	ROUTE 1 BOX 1717	
CITY - ST - ZIP	O'BRIEN FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, N I, JR	
STREET ADDRESS	ROUTE 1 BOX 1717	
CITY - ST - ZIP	O'BRIEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nancy Sue Davis	ADDRESS
1.3 STREET ADDRESS	24844 County Road 137	
1.4 CITY - ST - ZIP	O'Brien Fla. 32071	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	N.I. Davis Jr.	ADDRESS
2.3 STREET ADDRESS	24844 County Road 137	
2.4 CITY - ST - ZIP	O'Brien, Fla. 32071	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE:

*N.I. Davis Jr. Pres.*  
N.I. DAVIS JR.  
PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

(904) 935-2939

Telephone #

CR2E034 (12/95)