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 # **F22298** **(6)**

1. Corporation Name
DAVIS BUILDING CORPORATION

Principal Place of Business	Mailing Address
13087 C.R. 101 OXFORD FL 34484 US	13087 C.R. 101 OXFORD FL 34484 US

3. Date Incorporated or Qualified: **03/06/1981**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business
21: 20320 NW 105Ave
Suite, Apt. #, etc. 22:
City & State 23: Micanopy, FL
Zip 24: 32667 Country 25: USA

2a. Mailing Address
26: 20320 NW 105 Ave
Suite, Apt. #, etc. 27:
City & State 28: Micanopy, FL
Zip 29: 32667 Country 30: USA

4. FEI Number: **59-2065724** ☐ 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

DAVIS, WILLIAM S
RT 1 BOX 70B
OXFORD FL 32684

10. Name and Address of New Registered Agent

81 Name: Davis, William S.
82 Street Address (P.O. Box Number is Not Acceptable): 20320 NW 105 Ave
83:
84 City: Micanopy **FL** 85 Zip Code: 32667

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: William S Davis — 4/26/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Same	☑ Change ☐ Addition
NAME	DAVIS, WILLIAM S		1.2 NAME	Same	
STREET ADDRESS	RT 1 BOX 70B		1.3 STREET ADDRESS	20320 NW 105Ave	
CITY-ST-ZIP	OXFORD FL		1.4 CITY-ST-ZIP	Micanopy, FL 32667	
TITLE	SD	☐ DELETE	2.1 TITLE	Same	☑ Change ☐ Addition
NAME	DAVIS, PATRICIA M		2.2 NAME	Same	
STREET ADDRESS	RT 1 BOX 70B		2.3 STREET ADDRESS	20320 NW 105 Ave	
CITY-ST-ZIP	OXFORD FL		2.4 CITY-ST-ZIP	Micanopy, FL 32667	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, STEPHEN H		3.2 NAME		
STREET ADDRESS	19450 SW 234 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, DONNA F		4.2 NAME		
STREET ADDRESS	19450 SW 234 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 changed, or on an attachment with an address.

SIGNATURE: Donna Davis — 4/24/96 — (305) 245-2933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #