FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (6)DAVIS BUILDING CORPORATION Principal Place of Business Mailing Address 20320 NW 105 AVENUE 20320 NW 105 AVE MICANOPY FL 32667 MICANOPY FL 32667 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1981 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2065724 Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc \Box 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No Yes Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, WILLIAM S. 20320 NW 105 AVE 82 Street Address (P.O. Box Number is Not Acceptable) MICANOPY FL 32667 83 City 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 if applicable (NOTE Registered Agent signature required when reinstating) DATE R2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE DAVIS, WILLIAM S NAME 1.2 NAME 20320 NW 105 AVENUE STREET ADDRESS 1.3 STREET ADDRESS MICANOPY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE DAVIS, PATRICIA M 2.2 NAME NAME 20320 NW 105 AVE STREET ADDRESS 2.3 STREET ADDRESS MICANOPY FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE VD 3.1 TITLE DAVIS, STEPHEN H NAME 3.2 NAME 19450 SW 234 ST STREET ADDRESS 3.3 STREET ADDRESS HOMESTEAD FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TOTLE Change ☐ Addition TITLE DAVIS, DONNA F 4. 2 NAME NAME 19450 SW 234 ST 4.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETÉ 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

FILED

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 attachnient with an address. William & Varis 3/18/98 SIGNATURE: 352-591-0681

CITY-ST-ZIP

6.4 CITY-ST-ZIP