

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F90797** (4)

1. Corporation Name

DAVIS DISCOUNT FURNITURE, INC.



Principal Place of Business

Mailing Address

% RONALD N DAVIS
4406 N PALAFOX STREET
PENSACOLA FL 32505

% RONALD N DAVIS
4406 N PALAFOX STREET
PENSACOLA FL 32505

3. Date Incorporated or Qualified **07/15/1982** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

4. FEI Number **59-2219570** 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

**RAYE M. DAVIS
6 PINE TREE DRIVE
GULF BREEZE FL 32561**

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 if applicable.

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVIS, RONALD N	
STREET ADDRESS	4406 N. PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, MICHAEL LYNN	
STREET ADDRESS	4406 N PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, JIMMY RAY	
STREET ADDRESS	6910 RHODA STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DAVIS, PAMELA A	
STREET ADDRESS	6 PINE TREE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, RAYE M	
STREET ADDRESS	6 PINE TREE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Davis, Jimmy Ray
3.3 STREET ADDRESS	3232 Copper Ridge Circle
3.4 CITY-ST-ZIP	Cantonment, FL 32533
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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-96 9044343531
Date: Daytime Phone:

CR2E034 (12/95)