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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # F9300005874 (3)

D. DAVIS ELECTRIC CO.

Principal Place of Business	Mailing Address		1 14001 ber tien enien beitt dette beitt mitt PRI	4) 8:(8) B BB B B
311 GARNETT ST. BUFORD GA 30518 BUFORD GA 30518			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	On Malling Address		12/27/1993	······································
<u>⊢</u> ' ' ' '	2a. Mailing Address		4. FEI Number	Applied For
Suite. Apt. #, etc.	Suite, Apt. #, etc.		58-1143197	Not Applicable \$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip Country 29 30		This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
DAVIS, DON 6205 THOMAS DR C-15 PANAMA CITY FL 32954		81 Name		
		82 Street Addr	ess (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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
29 OFFICERS AND DIRECTORS IN 12				

TITLE ___ DELETE 1,1 TITLE NAME DAVIS, DONALD R 1.2 NAME 6363 LAKEVIEW DR. STREET ADDRESS 1 3 STREET ADDRESS **BUFORD GA** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change TITLE DAVIS, ELLEN J NAME 22 NAME 6363 LAKEVIEW DR. STREET ADDRESS 2.3 STREET ADDRESS **BUFORD GA** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP __ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS**

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 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 chapter 607, and that my name appears in Block 12 or Block 13 if chapter 607.

SIGNATURE: / A PROPRIETE REDONALD Davis President 1/13/98 7709454852

CR2E034 (10/97)

FILED

Jan 23 1998 8:00am

Secretary of State