

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000005077

1. Entity Name
DAVIS-GARVIN AGENCY, INC.



Principal Place of Business
**P.O. BOX 21627
COLUMBIA, SC 29221 US**

Mailing Address
**P.O. BOX 21627
COLUMBIA, SC 29221 US**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0723515

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO DAVIS, HINTON G ONE FERNANDINA CT. COLUMBIA, SC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRYERS, MARK E 411 NAUTICAL CT. CHAPIN, SC 29036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACK, GRINDSTAFF F 106 WILKSHIRE DR COLUMBIA, SC 29210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, M E ONE FERNANDINA CT. COLUMBIA, SC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUTTS, T E ONE FERNANDINA CT. COLUMBIA, SC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, GEORGE E 121 SHARON LAKE CT LEXINGTON, SC 29072

000000590994
01/18/07-80043-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack F. Grindstaff

JACK F. Grindstaff

01/16/2007

803-732-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #