

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90136 037 ***150.00

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **57-0723515**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZETTEROWER, AARON
3623 COLLEGE ST.
JACKSONVILLE FL 32205

Name **Robert N. Johnson**
Street Address (P.O. Box Number is Not Acceptable)
8111 N. Hubert Ave.
City **Tampa** FL Zip Code **33614**

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CCEO**
STREET ADDRESS **DAVIS, HINTON G**
CITY-ST-ZIP **ONE FERNANDINA CT.**
COLUMBIA SC 28212

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPTD**
STREET ADDRESS **FRYERS, MARK E**
CITY-ST-ZIP **124 FOX RIDGE RUN**
LEXINGTON SC 29072

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JACK, GRINDSTAFF F**
CITY-ST-ZIP **106 WILKSHIRE DR**
COLUMBIA SC 29210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAVIS, M E**
CITY-ST-ZIP **ONE FERNANDINA CT.**
COLUMBIA SC 28212

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STUTTS, T E**
CITY-ST-ZIP **ONE FERNANDINA CT.**
COLUMBIA SC 28212

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BRUENNER, DAVID**
CITY-ST-ZIP **ONE FERNANDINA COURT**
COLUMBIA SC 29212

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 J. Grindstaff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-03

803-732-0060

Date

Daytime Phone #

CR2E034 (10/02)