000000526

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations					
SUBJECT: W. E. DAVIS & SONS CONSTRUCT					
(Name of corporation - must	include suffix)				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence", and check are submitted to register the transact business in Florida.					
Please return all correspondence concerning this matter to the fo	ollowing:				
WILLIAM E. DAVIS					
(Name of Person)					
W. E. Davis & Sons Construction Co., Inc.					
(Firm/Company)					
Post Office Box 838					
Daphne Al 36526	8000024061683 -01/21/9801028001 *****78.75 *****78.75				
(City/State/Zi Should you need to call someone concerning this matter, please	call:				
at (25 0010				
(Name of Person) (Area Code &	Daytime Telephone Number)				
COURIER ADDRESS: MAIL	ing address:				

Qualification/Tax Lien Section **Division of Corporations** 409 E. Gaines St. Tallahassee, FL 32399

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 21, 1998

WILLIAM E. DAVIS W.E. DAVIS & SONS CONSTRUCTION CO., INC. PO BOX 838 DAPHNE, AL 36526

SUBJECT: W. E. DAVIS & SONS CONSTRUCTION CO., INC.

Ref. Number: W98000001395

We have received your document for W. E. DAVIS & SONS CONSTRUCTION CO., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please state the corporate name in section 1 as it is organized in Alabama: W. E. DAVIS & SONS CONSTRUCTION CO., INC.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A brief description of the entity's nature of business must be included in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Letter Number: 398A00003213

Hart Collins Senior Corporate Section Administrator

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	(Name of corpor words or abbrevi	ation; must include the word intions of like import in langur partnership if not so contain	"INCORPORATED" uage as will clearly in	, "COMPA dicate that i			
2.	 	Baldwin under the law of which it is			-1177341 (FEI number, if ap	plicable)	
4.		e of incorporation)	Duration:	tual Year corp. v	vill cease to exist or	"perpetual")	<u> </u>
6.	None Date first	transacted business in Florid	a) (SEE SECTIONS	607.1501_6	07.1502 and 817.15	5 FS)	
7.	Post Of	fice Box 838	urrent mailing address)				
8.	General	. Contractor to t	ransact busi	ness in	Florida		
	(Purpose(s	s) of corporation authorized i	n home state or count	ry to be can	ried out in state of F	lorida)	
9.	Name and stre	et address of Florida reg	istered agent: (P.O	. Box or M	fail Drop Box <u>NO</u>	T_acceptable)	-
	Name:	William Eddins,	Esquire	_		98	SEC
Of	ffice Address:	900 North Palaf	ox Street	- -	 	JAN 29	
	-	Pensacola		_, Florida,	32501 (Zip code)	A	SPO SPOS
10). Registered as	gent's acceptance:			(Zip code)		RATIONS

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors: (Street address ONLY P.O. Box NOT acceptable)

A., DIRÉCTORS (Street address only - P.O. Box NOT acceptable)
Chairman:
Address:
•
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
Additions.
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: William E. Davis
Address: 7262 Saluda Blvd
Spanish Fort AL 36527
Vice President: Donald R. Davis
Address: 14467 County Road 27
Fairhope AL 36532
Secretary:Gigi Davis
Address: 14467 County Road 27
Fairhope AL 36532
Treasurer: Sue K. Davis
Address: 7262 Saluda BLvd
Spanish Fort AL 36527
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Donald Jan
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Donald R. Davis Vice President (Typed or printed name and capacity of person signing application)
(1 yped or printed name and capacity of person signing application)

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that W. E. Davis & Sons Construction Co., Inc. incorporated in Baldwin County, Spanish Fort, Alabama on June 25, 1996. I further certify that the records do not disclose that said W. E. Davis & Sons Construction Co., Inc. has been dissolved.

SECRETARY OF STATE OF DIVISION OF CORPORATIONS



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

December 30, 1997

Date

Jan Bennett

Jim Bennett

Secretary of State