

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 # **G20530** (3)

1. Corporation Name
DAVIS GENERAL CONTRACTING CORPORATION



Principal Place of Business: **1217 S FLAGLER DR SUITE 300 WEST PALM BEACH FL 33401**
Mailing Address: **1217 S FLAGLER DR SUITE 300 WEST PALM BEACH FL 33401**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/27/1983	3a. Date of Last Report 01/24/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2284982	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVIS, HUGH CHESTER I 224 POTTER RD. WEST PALM BEACH FL 33405	10. Name and Address of New Registered Agent 81. Name: DAVIS, HUGH CHESTER III 82. Street Address (P.O. Box Number is Not Acceptable): 83. 84. City: FL 85. Zip Code:
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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 _____ DATE _____
Signature of President or other officer of corporation or of registered agent (if the registered agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	NAME DAVIS, HUGH CHESTER, III	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 224 POTTER ROAD	CITY-STATE-ZIP WEST PALM BEACH FL	1.2 NAME	
TITLE VTD	NAME DAVIS, DEANNA SMITH	1.3 STREET ADDRESS	
STREET ADDRESS 224 POTTER ROAD	CITY-STATE-ZIP WEST PALM BEACH FL	1.4 CITY-STATE-ZIP 33405	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY-STATE-ZIP 33405	
STREET ADDRESS	STREET ADDRESS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	3.4 CITY-STATE-ZIP	
CITY-STATE-ZIP	CITY-STATE-ZIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-STATE-ZIP	
STREET ADDRESS	STREET ADDRESS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-STATE-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: *Deanna S. Davis* **Deanna S. Davis** Vice President **02/07/96** (407) 820-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #

CR2E034 (12/95)