

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1983		4. FEI Number 59-2284982		Applied For <input type="checkbox"/>
2. Principal Place of Business 21 Suite, Apt #, etc.		2a. Mailing Address 26 Suite, Apt #, etc.		8.75 Additional Fee Required <input type="checkbox"/>
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
23 Zip		28 Zip		5.00 May Be Added to Fees <input type="checkbox"/>
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 HUGH CHESTER DAVIS, III				82 Street Address (P.O. Box Number is Not Acceptable) 218 KENLYN ROAD			
83				84 City PALM BEACH			
				85 FL		86 Zip Code 33480	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVIS, HUGH CHESTER, III 224 POTTER ROAD WEST PALM BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 218 KENLYN ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DAVIS, DEANNA SMITH 224 POTTER ROAD WEST PALM BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 218 KENLYN ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address.

SIGNATURE: *Deanna S. Davis* **Deanna S. Davis** **Vice President** **01/22/98** **(561) 820-1400**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0308125

CR2E034 (10/97)