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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

G93721

(0)

DAVIS BOAT WORKS, INC. Principal Place of Business C/O ELSIE D DAVIS 1205 MARIE ANN BLVD PANAMA CITY FL 32401 PANAMA CITY FL 32401 COMPANAMA CITY FL 32401 PANAMA CITY FL 32401							
TRIBAMA CITT	I L VETVI	Charles and the American			3. Date Incorporated or Qualified 03/29/1984	3a. Date of Last R 04/16/1996	eport
	ace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
Suite Apt 4	H. zele	Suite, Apt. #, etc.			59-2418865		ot Applicable
22	r esto	27			5. Certificate of Status Desired	7	Additional equired
City & State)	City & State			6. Election Campaign Financing	***************************************	May Be
:3		28			Trust Fund Contribution		to Fees
Ζιρ	Country	Zip	Country		8. This corporation has liability for i		199.032
4	25 9. Name and Address of Current		30	-	Florida Statutes 10. Name and Address of New Reg	Yes No	
		negistered Agent	81 Nar	ne	10. Name and Address of New Ne	Bieralan Wäelur	
	1s, elsie d 5 marie ann blyd.						
	AMA CITY FL 32401		82 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	ile)	
r All	AMA OITT TE SETOT		83				
			24 67			T1 3	0-1-
		•	64 City			FL	Code
SIGNATURI.	St.par.inc. typed or punted name of registered ages OFFICERS AND	ntendition applicable (NOTE	E: Registered Agent sign		ration submits this statement for the p in's board of directors. I hereby accep it when reinstating! ADDITIONS/CHANGES TO OFFIC	DATE	
THUE	8	DELETE	1.1 TITLE			☐ Change	Addition
DAME	DAVIS, EDSEL G.		1.2 NAME				
STREET ADDRESS	1205 MARIE ANN BLVD.		1.3 STREET ADDRE	ss		.**	
CHY-ST ZIP	PANAMA CITY FL	Floring	1.4 CITY - ST - ZIP				1 1 4 4 4 1 1 1
TITLE	DP PLAN FLOIR D	DETELE	2.1 TITLE			Change	Addition
NAME	Davis, Elsie D. 1205 Marie ann Blvd.		2 2 NAME		P ^R H.		
STREET ADDRESS	PANAMA CITY FL		2.3 STREET ADORE	55	• •		
C IY - S1 - ZIF TITLE	PANAMA ON I PL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE			' Change	Addition
NAME			3.2 NAME				
STHELT ADDRESS			3.3 STREET ADDRE	SS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRE	ss			
CHY SI- 7P		DELETE	4.4 CiTY - ST - ZIP			Change	Addition
TOTAL		TT nerete	5.1 TITLE 5.2 NAME	1		Change	L AUGINO
NAME STREET ADDRESS			5.3 STREET ADDRE	ec			
CHY SI-ZIP			5.4 CITY - ST - ZIP	33			
TIFLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRE	ss			
C-TY-ST-ZIP			6.4 CITY - ST - ZIP				
ir formation Lami an of	ri indicated on this annual report or si	upplemental annual report is to the receiver or trustee empow	rue and accurate vered to execute the	and that r	in Section 119.07(3)(i), Florida Statute ny signature shall have the same lega as required by Chapter 607, Florida S	al effect as if made un	nder oath; tha

SIGNATURE

4/9/97

Daytime Phone #

FILED

Apr 14 1997 8:00am

Secretary of State

AAE 1607