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FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H31216

(5)

1. Corporation Name

DAVIS BROTHERS PAINTING, INC.

Principal Place of Business

C/O JOE DAVIS
214 TROPIC DR
PORT ORANGE FL 32127-4846

Mailing Address

C/O JOE DAVIS
214 TROPIC DR
PORT ORANGE FL 32127-4845

2. Principal Place of Business

21 655 Tumblebrook Dr

Suite, Apt. #, etc.

22 City & State

23 Port Orange FL

24 Zip

32119

Country

25 FLORIDA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Port Orange FL

29 Zip

30 32119

Country

31 FLORIDA

3. Date Incorporated or Qualified

11/26/1984

3a. Date of Last Report

04/16/1996

4. FEI Number

59-2476235

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, JOE
214 TROPIC DR
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name
DAVIS, BOBBY
82 Street Address (P.O. Box Number is Not Acceptable)
655 TUMBLEBROOK DR
83
84 City
PORT ORANGE
85 Zip Code
FL 32119

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

Bobby Ray Davis BOBBY RAY DAVIS, PRESIDENT 6-09-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~60~~ ☐ DELETE
NAME DAVIS, BOBBY
STREET ADDRESS 655 TUMBLEBROOK DR
CITY-ST-ZIP PORT ORANGE FL

TITLE TD ☐ DELETE
NAME DAVIS, KENNETH
STREET ADDRESS 189 LOQUAT
CITY-ST-ZIP PORT ORANGE FL

TITLE PD ☒ DELETE
NAME DAVIS JOE
STREET ADDRESS 214 TROPIC DR
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE:

BOBBY DAVIS

Bobby Ray Davis

4-22-97

CR2E034 (9/96)