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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # H37884 (4)

1. Corporation Name
DAVIS OPERATING COMPANY

Principal Place of Business	Mailing Address
216 MAIN ST P.O. BOX 491 BUSHNELL FL 33513	216 MAIN ST. P.O. BOX 491 BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 216 Main St	2a. Mailing Address 26 P.O. Box 491
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bushnell Fla	City & State 28 Bushnell, Fla
24 Zip 33513 / 25 County Sumter	29 Zip 33513 / 30 County Sumter

3. Date Incorporated or Qualified: 01/15/1985
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2479820 ☐ 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,NANCY A.
216 MAIN ST.
BUSHNELL FL 33513

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS

TITLE	VST
NAME	DAVIS, NANCY A.
STREET ADDRESS	216 MAIN ST.
CITY-ST-ZIP	BUSHNELL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	☐ 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 is voluntarily furnished and 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: Nancy A. Davis   Pres   4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Title   Daytime Phone #

0440458 FP