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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 4:23

DOCUMENT # H38329 (9)

1. Corporation Name
DAVIS MELON SALES, INC.

Principal Place of Business	Mailing Address
495 S. ILAKEE AVE. ~~606 E. SANFORD ST.~~ LAKE ALFRED FL 33850 US	495 S. ILAKEE AVE ~~606 E. SANFORD ST.~~ LAKE ALFRED FL 33850 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/17/1985
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21: 495 S Ilakee Ave
Suite, Apt. #, etc. 22:
City & State 23: Lake Alfred, Fl
Zip 24: 33850 Country 25: USA

2a. Mailing Address
26: 495 S. Ilakee Ave
Suite, Apt. #, etc. 27:
City & State 28: Lake Alfred, Fl
Zip 29: 33850 Country 30: USA

4. FEI Number: 59-2490947 ☐ 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, JIMME DIXON, JR.
495 S. ILAKEE AVE.
LAKE ALFRED FL 33850

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: [signature] Jimmie D. Davis Jr DATE: 3-6-95
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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JIMMIE DIXON, JR.	1.2 NAME	
STREET ADDRESS	495 S. ILAKEE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, LINDA L.	2.2 NAME	
STREET ADDRESS	495 S. ILAKEE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] Jimmie D. Davis Jr 3-6-95 813-956-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0316940 CP