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CORPORATION
ANNUAL REPORT
1995



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

APPROVED:
AND
[Signature]

RECEIVED - 11/11/95

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # J46686

(8)

1. Corporation Name

H. C. DAVIS OIL COMPANY, INC.

Principal Place of Business

400 W. MYRTLE AVE.
FORT MEADE FL 33841

Mailing Address

400 W. MYRTLE AVE.
FORT MEADE FL 33841

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt., # etc.

26. Mailing Address

26

22 Suite, Apt., # etc.

27 Suite, Apt., # etc.

23 City & State

28 City & State

24 City & State

29 City & State

30 City & State

3. Date Incorporated or Qualified 38. Date of Last Report
12/11/1986 05/01/1994

4. TIN Number 49-2746203 Applied For
Not Applicable

5. Certificate of Status Required \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

7. The corporation has authority to obtain tax credits or rebates
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

DAVIS, HUGH C.
400 W. MYRTLE AVE.
FORT MEADE FL 33841

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 Section 607.05, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or principal 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 of [REDACTED] of the [REDACTED] place of business. (See Chapter 607, Florida Statutes.)

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHARGES FOR EACH OFFICER AND DIRECTOR	
PD	DAVIS, HUGH C. 204 S. ORANGE FORT MEADE FL	1. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NMB		2. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1400 S. ORANGE		4. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FORT MEADE FL		5. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	DAVIS, DERHETA C. 204 S. ORANGE FORT MEADE FL	6. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NMB		7. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1400 S. ORANGE		9. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FORT MEADE FL		10. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD		11. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NMB		12. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		13. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1400 S. ORANGE		14. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FORT MEADE FL		15. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD		16. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NMB		17. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		18. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1400 S. ORANGE		19. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FORT MEADE FL		20. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty of perjury that the information contained with the filing is accurate, true and correct, to the best of my knowledge, that the information contained in the annual report or supplemental annual report is accurate and complete, and that my signature shall bear my true and accurate name on this document. I declare that no officer or director or trustee or employee has ever made the report or required by Chapter 607, Florida Statutes, and that my signature appears in Block 1 or Block 2, Part 1, Item 20, of this document, all in accordance with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATORY OFFICER OR DIRECTOR

Hugh C Davis 4-27-95 813-285-9056