

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J55978** (7)
1. Corporation Name
DAVIS AND SONS CONSTRUCTION, INC.

Principal Place of Business % RONNIE C. DAVIS 5700 SW 34TH ST. S-1307 GAINESVILLE FL 32608	Mailing Address % RONNIE C. DAVIS 5700 SW 34TH ST. S-1307 GAINESVILLE FL 32608
2. Principal Place of Business 21 Suite, Apt #, etc	2a. Mailing Address 26 Suite, Apt #, etc
22 City & State 23 24 Zip 25 Country	27 City & State 28 29 Zip 30 Country

FILED
Feb 18 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1987	4. FEI Number 59-2767150	Applied For Not Applicable										
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required										
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees										
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No												
10. Name and Address of New Registered Agent												
<table border="1"> <tr> <td>DAVIS, RONNIE C. 5700 SW 34TH ST SUITE 1307 GAINESVILLE FL 32608</td> <td>81 Name</td> </tr> <tr> <td></td> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td></td> <td>83</td> </tr> <tr> <td></td> <td>84 City FL</td> </tr> <tr> <td></td> <td>85 Zip Code</td> </tr> </table>			DAVIS, RONNIE C. 5700 SW 34TH ST SUITE 1307 GAINESVILLE FL 32608	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City FL		85 Zip Code
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	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 607.1908, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME DAVIS, RONNIE C.	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5700 SW 34TH ST, S-1307	CITY-ST-ZIP GAINESVILLE FL		
TITLE D	NAME DAVIS, NORITA V.	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5700 SW 34TH ST, S-1307	CITY-ST-ZIP GAINESVILLE FL		
TITLE	NAME	<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Evening Phone #

Joe Davis
2/13/98

CR2E034 (1097)