

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K06049

(6)

1. Corporation Name

DAVIS-CHAPMAN CORP.

FILED

95 JAN 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
C/O PHILIP L. BRAWNER 2950 S.W. 27TH AVENUE MIAMI FL 33133		C/O PHILIP L. BRAWNER 2950 S.W. 27TH AVENUE MIAMI FL 33133	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/09/1987	04/20/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0017940	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$9.75 Additional Fee Required
23	28	☐	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	☐
24	25	29	30
Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:	☐ Yes ☒ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRAWNER, PHILIP 2950 S.W. 27TH AVENUE MIAMI FL 33133		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, typed or printed name of registered agent and the applicant.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CHAPMAN, ALVAH H., JR.
STREET ADDRESS	4255 LAKE ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	VST
NAME	DAVIS, JAMES L.
STREET ADDRESS	4355 SABAL PALM RD.
CITY - ST - ZIP	BAY POINT FL
TITLE	AT
NAME	JOHNSON, ELWOOD
STREET ADDRESS	7240 S.W. 125TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	AS
NAME	BRAWNER, PHILIP L.
STREET ADDRESS	2950 S.W. 27TH AVE.
CITY - ST - ZIP	MIAMI FL
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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 or is changed, or on an addition with an address.

SIGNATURE:

Elwood Johnson A. TRAS
SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR

1/17/95 305-251-8842
Date (Typed Name)