

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Candra B. Merritt  
Secretary of State  
Tallahassee, Florida 32399-0400

**APPROVED  
AND  
FILED**

DOCUMENT # **L04565**

(2)

MAY - 1 11 5:29

1. Corporation Name

**ROY DAVIS PLUMBING SUPPLY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

% MARVIN ROY DAVIS  
5919 SW 21ST ST.  
HOLLYWOOD FL 33023

Main Office

% MARVIN ROY DAVIS  
5919 SW 21ST ST.  
HOLLYWOOD FL 33023

(DO NOT WRITE IN THIS SPACE)

|   |                       |                                       |                                |
|---|-----------------------|---------------------------------------|--------------------------------|
| 2. Principal Place of Business  | 2a. Mailing Address   | 3. Date of Incorporation of Applicant | 3a. Date of Last Report        |
| 21  | 26                    | 07/26/1989                            | 02/11/1994                     |
| 22. State Apt. # etc.   | 27. State Apt. # etc. | 4. FID Number                         | Applied For / Not Applicable   |
| 22  | 27                    | 65-0149845                            |                                |
| 23. City & State  | 28. City & State      | 5. Certificate of Status Desired      | \$8.75 Additional Fee Required |
| 23  | 28                    | <input type="checkbox"/>              |                                |
| 24. Zip   | 25. Zip               | 29. Zip                               | 30. Zip                        |
| 24  | 25                    | 29                                    | 30                             |
| 6. Election Campaign Financing Trust Fund Contribution  |                       | \$5.00 May Be Added to Fees           |                                |
| <input type="checkbox"/>  |                       |                                       |                                |
| 8. This corporation has the liability for unreported tax under Section 190 of the Florida Statutes. |                       |                                       |                                |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |                       |                                       |                                |

9. Name and Address of Current Registered Agent

DAVIS, MARVIN ROY  
5919 SW 21ST ST.  
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

|  |              |
|--|--------------|
| B1. Name   | B5. Zip Code |
| B2. Street Address (P.O. Box Number is Not Acceptable) | FL           |
| B3. City   |              |

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits the 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 of Current Registered Agent)

(Signature of New Registered Agent)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12) |   |
|----------------------------|---|--|---|
| TITLE                      | D<br>DAVIS, MARVIN ROY<br>5919 SW 21ST ST<br>HOLLYWOOD FL       | 1. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2. NAME  |   |
| STREET ADDRESS             |   | 3. STREET ADDRESS  |   |
| CITY, ST, ZIP              |   | 4. CITY, ST, ZIP   |   |
| TITLE                      | D<br>DAVIS, HERBERT W.<br>5891 SW 21ST ST.<br>WEST HOLLYWOOD FL | 5. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6. NAME  |   |
| STREET ADDRESS             |   | 7. STREET ADDRESS  |   |
| CITY, ST, ZIP              |   | 8. CITY, ST, ZIP   |   |
| TITLE                      |   | 9. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 10. NAME   |   |
| STREET ADDRESS             |   | 11. STREET ADDRESS                                       |   |
| CITY, ST, ZIP              |   | 12. CITY, ST, ZIP  |   |
| TITLE                      |   | 13. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 14. NAME   |   |
| STREET ADDRESS             |   | 15. STREET ADDRESS                                       |   |
| CITY, ST, ZIP              |   | 16. CITY, ST, ZIP  |   |
| TITLE                      |   | 17. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 18. NAME   |   |
| STREET ADDRESS             |   | 19. STREET ADDRESS                                       |   |
| CITY, ST, ZIP              |   | 20. CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and complete for the information stated in Section 190 of the 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* MARVIN ROY DAVIS  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5-1-95

x305 981-4100