

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L38566**

(0)

1. Corporation Name

DAVID H. MELVIN, INC.

Principal Place of Business

**4428 LAFAYETTE STREET
MARIANNA FL 32446**

Mailing Address

**PO BOX 840
MARIANNA FL 32447
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/27/1989

3a. Date of Last Report

02/24/1994

4. FEI Number

59-2990336

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**MELVIN, DAVID H.
4428 LAFAYETTE STREET
MARIANNA FL 32446**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

**600001423116
-03/07/95--01098--002
200.00 FL **

2/8/95

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 a 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **DPS**
NAME: **MELVIN, DAVID H.**
STREET ADDRESS: **4646 THE OAKS DR**
CITY-ST-ZIP: **MARIANNA FL**

TITLE: **VP**
NAME: **MELVIN, THOMAS L.**
STREET ADDRESS: **4010 OLD COTTONDALE RD**
CITY-ST-ZIP: **MARIANNA FL**

TITLE: **V**
NAME: **SNELGROVE, PAUL**
STREET ADDRESS: **RT 3 BOX 3-1 NA**
CITY-ST-ZIP: **MONTICELLO FL**

TITLE: **V**
NAME: **NOBLES, LEON E III**
STREET ADDRESS: **2373 BRIDGE CREEK RD**
CITY-ST-ZIP: **MARIANNA 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: **DP** Change Addition
1.2 NAME: **David H. Melvin**
1.3 STREET ADDRESS: **4646 The Oaks Drive**
1.4 CITY-ST-ZIP: **Marianna, FL 32447**

2.1 TITLE: **V** Change Addition
2.2 NAME: **Thomas L. Melvin**
2.3 STREET ADDRESS: **4010 Old Cottondale Road**
2.4 CITY-ST-ZIP: **Marianna, FL 32448**

3.1 TITLE: **V** Change Addition
3.2 NAME: **Brian Bearwood**
3.3 STREET ADDRESS: **Post Office Box 13, 4428 Lafayette Street**
3.4 CITY-ST-ZIP: **Marianna, FL 32447**

4.1 TITLE: **S** Change Addition
4.2 NAME: **Leon E. Nobles, III**
4.3 STREET ADDRESS: **2373 Bridge Creek Road**
4.4 CITY-ST-ZIP: **Marianna, FL 32446**

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:

3/8/95 NST

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 indicated on this annual report or supplementary 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 a 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 of this document, or I am an individual who is an officer.

SIGNATURE: **X [Signature]**

2/8/95 9084823095