

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

PROFIT CORPORATION ANNUAL REPORT 1996



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**

3. Date Incorporated or Qualified: **12/27/1989**
3a. Date of Last Report: **03/03/1995**
4. FEI Number: **59-2990336**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 or both of the above)

(Signature typed or printed name of registered agent or both of the above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP <input type="checkbox"/> DELETE	1. TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN, DAVID H.	2. NAME Paul Snelgrove
STREET ADDRESS	4646 THE OAKS DR	3. STREET ADDRESS 2491 Spring Creek Road
CITY-ST-ZIP	MARIANNA FL 32447	4. CITY-ST-ZIP Marianna, FL 32448
TITLE	V <input type="checkbox"/> DELETE	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN, THOMAS L.	2. NAME
STREET ADDRESS	4010 OLD COTTONDALE RD	2.3 STREET ADDRESS
CITY-ST-ZIP	MARIANNA FL 32448	2.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARWOOD, BRIAN BRIAN	3.2 NAME
STREET ADDRESS	4428 LAFAYETTE STREET/POST OFFICE BOX 13	3.3 STREET ADDRESS
CITY-ST-ZIP	MARIANNA FL 32447	3.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLES, LEON E III	4.2 NAME
STREET ADDRESS	2373 BRIDGE CREEK RD	4.3 STREET ADDRESS
CITY-ST-ZIP	MARIANNA FL 32446	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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 119.07(3)(k), 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 or person 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, on an attachment with an address.

SIGNATURE: David H. Melvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

904-482-3045

CR2E034 (12/95)