

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

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**Apr 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 32447-0840 US**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified <b>12/27/1989</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>59-2990336</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

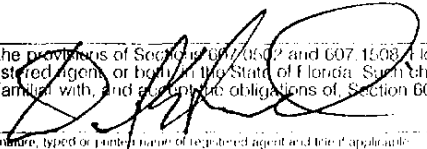
9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0302 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 title, if applicable. (NOTE: Registered Agent's status required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MELVIN, DAVID H.	
STREET ADDRESS	4846 THE OAKS DR	
CITY-ST-ZIP	MARIANNA FL 32447	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MELVIN, THOMAS L.	
STREET ADDRESS	4010 OLD COTTONDALE RD	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEARWOOD, <del>BRIAN</del> BRIAN	
STREET ADDRESS	4428 LAFAYETTE STREET/POST OFFICE BOX 13	
CITY-ST-ZIP	MARIANNA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NOBLES, LEON E III	
STREET ADDRESS	2373 BRIDGE CREEK RD	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SNELGROVE, PAUL	
STREET ADDRESS	2491 SPRING CREEK ROAD	
CITY-ST-ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  4-14-97 946-482-344

CR2E034 (9/96)