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

Feb 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L89464 (6) EDWIN D. DAVIS, INC. Principal Place of Business Mailing Address 330 N. CLYDE MORRIS BLVD 330 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/27/1990 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 900 Big Tree Road 900 Big Tree Road 21 65-0208733 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be South Daytona, FL South Daytona, FL 23 Trust Fund Contribution Added to Fees Country Ζip Country 8. This corporation owes or has paid the current year Intangible 32119 25 USA USA 32119 Yes ☐ No Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, EDWIN D., II 900 BIG TREE RD. Street Address (P.O. Box Number is Not Acceptable) **SOUTH DAYTONA FL 32119** 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D TITLE ... DELETE Change Addition DAVIS, EDWIN D. NAME 12 NAME Davis, Edwin D. 330 N. CLYDE MORRIS BLVD. STREET ADDRESS 1.3 STREET ADDRESS 900 Big Tree Road DAYTONA BEACH FL South Daytona, FL 3211 CITY-ST-ZIP 1.4 CITY-ST-7IP Addition DELFTE Change TITLE 2.1 TITLE 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4 3 STREET ADDRESS STREET ADORESS 44 CITY-ST-ZIP CITY-S1-ZIP Addition DELFTE TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition

6.1 TITLE

6.2 NAME

14. I 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 suppliemental 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

6.3 STREET ADORESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changed

FILED

788-7077