2007 FOR PROFIT CORPORATION

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SIGNATURE:

Apr 13, 2007 8:00 am Secretary of State ANNUAL REPORT 04-13-2007 90179 012 ***150.00 **DOCUMENT # P01000119639** DAVIS INVESTMENT COMPANY OF JACKSONVILLE, INC. 40060115 Principal Place of Business Mailing Address 2815 BOLTON ROAD STE A P.O. BOX 877 ORANGE PARK, FL 32067-2504 ORANGE PARK, FL 32073 (0) 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 Cha-P CR2E034 (12/06) City & State 4. FEt Number Applied For City & State 04-3598577 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Davis, Stafford C JR DAVIS, STAFFORD C JR Street Address (P.O. Box Number is Not Acceptable) 2823 Bolton Road, Suite 101 2821 BOLTON RD STE B ORANGE PARK, FL 32073 City 32073 FL Orange Park 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Delete TITLE ☐ Addition TITLE DAVIS, DOROTHY NAME Davis, Borothy NAME 2823 Bolton Road, Suite 101 Orange Park, FL 32073 STREET ADDRESS 2821 BOLTON RD. STE B STREET ADDRESS Orange Park, FL CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP ☐ Delete XX Change ☐ Addition TITLE TITLE DVP Davis, Stafford C JR 2823 Bolton Road, Suite 101 DAVIS, STAFFORD C JR NAME NAME 2821 BOLTON RD. STE B STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORANGE PARK, FL 32073 Orange Park, FL 32073 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition TATLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not duality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accorde 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 resource this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 is changed, or on an autochment with an address, with all burst like empowered.

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IGNING OFFICED OR DIRECTOR

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