FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37194 (8)

1. Corporation Name
JIM DAVIS, INC.

Principal Place of Business
2296 SILVER HILL LANE
LECANTO FL 34461

Mailing Address
2296 SILVER HILL LANE
LECANTO FL 34461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 2109 W. Silver Hill Ln
22 Suite, Apt. #, etc. Lecanto, Fl.
23 City & State 34461 Citrus
24 Zip
25 Country

2a. Mailing Address
26 2109 W. Silver Hill Ln
27 Suite, Apt. #, etc. lecanto, Fl.
28 City & State 34461 Citrus
29 Zip
30 Country

4. FEI Number 94-1548176 — Applied For / Not Applicable

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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DAVIS, JIM A.B.
2296 SILVER HILL LANE
LECANTO FL 34461

10. Name and Address of New Registered Agent
01 Name: A. B. Jim Davis
02 Street Address (P.O. Box Number is Not Acceptable): 2109 W. Silver Hill Lane
03 Lecanto,
04 City: Lecanto FL 05 Zip Code: 34461

11. Pursuant to the provisions of Sections 607.0501 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: A. B. Jim Davis, PS — Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	DAVIS, JIM A.B.
STREET ADDRESS	2296 SILVER HILLS LANE
CITY ST ZIP	LECANTO FL 34461
TITLE	T
NAME	DAVIS, CRAIG C.
STREET ADDRESS	3591 PRICE VALLEY RD.
CITY ST ZIP	COUNCIL ID
TITLE	V
NAME	DAVIS, DANA B.
STREET ADDRESS	22571 ARTHUR RD.
CITY ST ZIP	ESCALON CA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President, Secretary ☐ Change ☐ Addition
12 NAME	Davis, A. B. Jim
13 STREET ADDRESS	2109 W. Silver Hill Lane
14 CITY ST ZIP	Lecanto, FL. 34461
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I 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. 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 an attachment with an address).

SIGNATURE: A. B. Jim Davis, PS
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

Date

(904) 527-2018
Daytime Phone #

0382710 CP