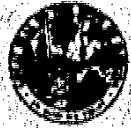


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
  
95 APR 27 AM 7:20  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P92000000810 (1)**

1. Corporation Name  
**M. DAVIS CONSTRUCTION, INC.**

Principal Place of Business      Mailing Address  
**418 S.E. DOAT STREET      418 S.E. DOAT STREET**  
**PORT ST LUCIE FL 34983      PORT ST LUCIE FL 34983**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/26/1992      04/15/1994**

4. FEI Number      Applied For  
**65-0367640      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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21.      26.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22.      27.

City & State      City & State

23.      28.

Zip      Country      Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

**DAVIS, APRIL E**  
**418 SE DOAT STREET**  
**PORT ST. LUCIE FL 34983**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DAVIS, MARK A</b>
STREET ADDRESS	<b>418 SE DOAT STREET</b>
CITY - ST - ZIP	<b>PORT ST LUCIE FL 34983</b>
TITLE	<b>D</b>
NAME	<b>DAVIS, APRIL E</b>
STREET ADDRESS	<b>418 SE DOAT STREET</b>
CITY - ST - ZIP	<b>PORT ST LUCIE FL 34983</b>
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

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 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 partner 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: *Mark A. Davis*      3-27-95      407-878-3165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Area #

**MARK A. DAVIS, PRESIDENT**