

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # P93000008773 (2)**

95 JUN 28 AM 9:18

1. Corporation Name  
**DAVIS-BROWN, INCORPORATED**

Principal Place of Business Mailing Address  
**2732 CONNIE CIRCLE 2732 CONNIE CIRCLE  
ORANGE PARK FL 32065 ORANGE PARK FL 32065**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report  
**01/29/1993 04/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3165315		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		29 Country		30 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**BROWN, JAN D  
2732 CONNIE CIRCLE  
ORANGE PARK FL 32065**

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 *Jan Davis Brown* DATE **6/20/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAN D	12. NAME	
STREET ADDRESS	2732 CONNIE CIRCLE	13. STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL 32065	14. CITY - ST - ZIP	
TITLE	D	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PAUL G SR.	22. NAME	
STREET ADDRESS	2732 CONNIE CIRCLE	23. STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL 32065	24. CITY - ST - ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PAUL G JR.	32. NAME	
STREET ADDRESS	4101 PINTO RD.	33. STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL 32068	34. CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 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: *Jan Davis Brown* DATE: **6/20/95** TELEPHONE: **904-269-2504**

CR2E034 (3/95)