SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011825 (5)

DAVIS PAVING, INC.

FILED Aug 06 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Ad	Mailing Address							
3051 PARTIN SETTLEMENT ROAD KISSIMMEE FL 34744			3051 PARTIN SETTLEMENT ROAD KISSIMMEE FL 34744				DO NOT HIDITE	INI TARIO (PDACE.	
							DO NOT WRITE			Dened
							3. Date Incorporated or Qualified	1	ite of Last	
9 Principal D	ace of Business	On Mailing	Address.				02/16/1993 4. FEI Number	05/	01/1996	
	ace of Business	├-¬ `	2a. Mailing Address							Applied For
Suite, Apt.	# oto		Suite, Apl. #, etc.				59-3173821 Not Applicate Section Posterior 527 \$8.75 Additional			Vot Applicable
22	#, etc.	<u> </u>	27				Certificate of Status Desired			Additional Required
City & State	9	City &	State				6. Election Campaign Financing	 		May Be
23		<u></u>	28				Trust Fund Contribution	П		o may be of to Fees
Zip	Country	Zip	· • • • • • • • • • • • • • • • • • • •				8. This corporation owes or has pa	=		
24	25	29		30	•		Personal Property Tax due June	-	_ /	□ No
	9. Name and Address of Curre		gent	1221	·[10. Name and Address of New Re		Agent	
2064 DADTIM CETTI EMEMT DOAD						Name				
						Stroot Ad	dress (P.O. Box Number is Not Acceptab	lol		
	SIMMEE FL 34744				02	Street Au	idless (F.O. Box Nortiber is Not Acceptab	16)		
					83					
						Obs	<u> </u>		11	0-1-
					84	City		FL	85 Zip) Code
11. Pursuant t	to the provisions of Soctions 607.050	02 and 607 1508	Florida Statu	tes, the a	bove	e-named co	orporation submits this statement for the p	urpose of	changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such attions of, Sectio	n change was in 607.0505. Fi	authoriz∈ lorida Sta	od by dules	the corpors.	ration's board of directors. I hereby accep	it the app	ointment a	is registered
SIGNATURE		,,								
SIGNATURE	Signature, typod or printed name of registered ag	ont and title if applical.	Jo (NO	TE: Registere	ed Age	nt signature req	quired when reinstating)	DATE		
12.		ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DPS		DELETE	1.11	NLF				Change	Addition
NAME	DAVIS, MELANI J	_		1.2 N	AME			-		
STREET ADDRESS	3051 PARTIN SETTLEMENT R	D.		1.3 8	TREET	ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34744				ITY-\$	T-71P				
TITLE	V		DELETE	2.1 T	TILE				☐ Change	☐ Addition
NAME	BLANTON, ARLIS J			2.2 N	IAME					
STREET ADDRESS	3051 PARTIN SETTLEMENT R	D.		2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34744		T andre			ST - ZIP				
TITLE			DELETE	3.1 T					☐ Change	Addition
NAME					IAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE			ST-ZIP			Channe	Addition
TITLE			☐ VELETE	4.1 T			•		Change	L_J Addition
NAME					NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DOUGTE		ITY-S	T-ZIP			Channe	☐ Addition
TITLE			DELETE	5.1 7					L_ Change	L Applipage
NAME					IAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE		IIY-S	T-ZIP			Π Δ	Addition
TITLE			DELÉTE	6.1 T					☐ Change	ADDITION
NAME					IAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				6.4 (IIY-S	T-ZIP				

14. I do 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 supplemental annual report is true and accurate and that my signature shall have the same logal 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.