FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000046080 (6)

ROY C. DAVIS, INC. Principal Place of Business Mailing Address 1825 BRYN MAWR DR 1825 BRYN MAWR DR TITUSVILLE FL 32796 TITUSVILLE FL 32796 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualified 06/21/1993 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3190480 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes □ No 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DAVIS, PAM S 1825 BRYN MAWR DR 82 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32796 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent algorature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE PTD TITLE DAVIS, ROY C 1.2 NAME NAME 1825 BRYN MAWR DR 1.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME TANK, ANTHONY 2.2 NAME 1815 BRYN MAWR DR 2.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 2. 4 City-St-ZiP Change ___ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP ☐ Change ___ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition □ DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADD 1ESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME NAME

14. I 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 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 changes, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

CICMATUDE.

STREET ADDRESS

CITY-ST-ZIP

Caus IRE REPOY REDAVIS

2-2-98

264-0600

FILED

Feb 06 1998 8:00am

Secretary of State

CR2E034 (10/97)