

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 6/30/98: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$575)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:50

DOCUMENT # P93000056499 (5)

1. Corporation Name

GARY E. DAVIS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

~~1827 EAST KALEY STREET
ORLANDO FL 32806~~

~~1827 EAST KALEY STREET
ORLANDO FL 32806~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

03/01/1994

4. FEI Number

59-3197525

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**

7. This corporation has liability for interstate tax under S. 192.012
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**POOLE, WILLIAM F IV
644 WEST COLONIAL DRIVE
ORLANDO FL 32804**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 must be printed name of registered agent and the 4 above.)

(NOTE: Registered Agent must be 21 years of age or over.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, GARY E
STREET ADDRESS	1827 EAST KALEY STREET
CITY, ST, ZIP	ORLANDO FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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

14. TITLE	Change ☐ Addition ☒
15. NAME	Davis, Gary E.
16. STREET ADDRESS	1818 Curry Ford Road
17. CITY, ST, ZIP	Orlando, FL 32806
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, ST, ZIP	
22. TITLE	☐ Change ☐ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY, ST, ZIP	
26. TITLE	☐ Change ☐ Addition
27. NAME	
28. STREET ADDRESS	
29. CITY, ST, ZIP	
30. TITLE	☐ Change ☐ Addition
31. NAME	
32. STREET ADDRESS	
33. CITY, ST, ZIP	
34. TITLE	☐ Change ☐ Addition
35. NAME	
36. STREET ADDRESS	
37. CITY, ST, ZIP	
38. TITLE	☐ Change ☐ Addition
39. NAME	
40. STREET ADDRESS	
41. 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 110.07(1)(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. I am an officer or director of the corporation or the registrar or trustee empowering to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if original), or on my authorized written address.

SIGNATURE:

(Signature must be typed on printed name of SIGNING OFFICER OR DIRECTOR)

Gary E Davis 6-22-95 407-895-1358

CR2E034 (3/95)