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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADDRESS

CCTY - ST - 7IP

DOCUMENT # P93000083604 (7)

RON DAVIS CONSTRUCTIONS, INC.

Principal Place of Business Mailing Address 215 PINEDA ST. 215 PINPOA ST. SUITE 181 --Suite 181 - LONGWOOD FL 32760-LONGWOOD PL 32750-0401 3a. Date of Last Report 3. Date Incorporated or Qualified 11/30/1993 05/01/1996 2. Principa' Place of Business 2a. Mailing Address 4. FEI Number Applied For 7732 BRENTWOOD DR 7732 BRENTWOOD DR 59-3213877 Not Applicable Suite, Apt. #, etc. Suite Apr. #. etc. \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing ORLANDO 28 GRLANDO FL Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 32877 32872 usa USA Yes No 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name DAVIS, RON - 216 PINEDA ST. Street Address (P.O. Box Number is Not Acceptable) 82 BRENTWOOD -SUITE-181---83 - LONGWOOD FL 32750 CityORLANDU 84 Zip Code 3スタスス 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. Jum laphillar, with, and accept the obligations of, Section 607,0505, Florida Statutes. Conale SIGNATU ume of registered agent and tilk if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE DAVIS, RON **32E034** 1.2 NAME NAME 7732 BRENTWOOD DR 215 PINEDA ST. SUITE 181 1.3 STREET ADDRESS STREET ADDRESS ORLANDO, PL. -LONGWOOD FL 32750 1.4 CITY - ST - ZIP CITY-ST-ZiF DELETE Change Addition 2.1 TITLE THE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY- ST- ZIP DELETE Change Addition 3.1 I/II € TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TIME 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 5.1 TITLE THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - 7IP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE (X) STATE OF THE OUTPED Ronald (

2/19/1997 407-281-762

FILED

Feb 27 1997 8:00am

Secretary of State