

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90202 048 ***150.00

DOCUMENT # P93000088317

1. Entity Name
SNEAD Y. DAVIS, INC.



Principal Place of Business

**1560 LANCASTER TERR
#1500
JACKSONVILLE, FL 32204**

Mailing Address

**1560 LANCASTER TERR
#1500
JACKSONVILLE, FL 32204**

DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3217472

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YONG, FRANK J
CONE YONG, STEWART & HOUSTON, PA
701 RIVERSIDE PARK PLACE, SUITE 110
JACKSONVILLE, FL 32204**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **FRED M Cone JR, Ste 2600, 50 N. Laura ST., Jacksonville, FL 32202** DATE **4/26/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
DAVIS, SNEAD Y.
1560 LANCASTER TERRACE #1500
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CALENDINE, C. ED
29210 NW 122ND STREET
ALACHUA, FL 326159617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SNEAD, PHILIP
29210 NW 122ND STREET
ALACHUA, FL 326159617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Snead Y Davis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/04** Daytime Phone # **904-355-8941**