

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 JAN 19 AM 9:46

DOCUMENT # **P94000042052 (8)**

1. Corporation Name

DAVIDS' HOLDING, INC.

Principal Place of Business

RR 4, BOX 490
LIVE OAK FL 32162

Mailing Address

RR 4, BOX 490
LIVE OAK FL 32162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

4. FEI Number

59 3249168

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

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HALLER, ARTHUR
711 NW 23RD AVE.
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

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 607.1508, 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 must be printed name of registered agent, and the registered agent's signature must be printed name of the corporation)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHILLER, DAVID A
STREET ADDRESS	RR 4, BOX 490
CITY, ST, ZIP	LIVE OAK FL 32162
TITLE	D
NAME	DAVIS, DAVID V
STREET ADDRESS	1407 NW 21ST AVE.
CITY, ST, ZIP	GAINESVILLE FL 32605
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 OFFICE AND DIRECTOR LIST

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, 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 registered agent, and that my name appears in Block 12 of this filing if changed, or in an addition with an address.

SIGNATURE

David A. Schiller

PRINT NAME AND TYPE (DO NOT PRINT NAME OF REGISTERED AGENT OR DIRECTOR)

12 January 1995 904 362 5518