

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

01/19/1995

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. 199.032,
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	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of Corporation Secretary or Treasurer

Signature of Registered Agent (Signature required when replacing)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE
	D SCHILLER, DAVID A	RR 4, BOX 490	LIVE OAK FL 32162	☐
	D DAVIS, DAVID V	1407 NW 21ST AVE.	GAINESVILLE FL 32605	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE	6. Change	7. Addition
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

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 119.07(3)(k), 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 or changes made on an amendment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Secretary

CR2E034 (12/95)