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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000042052 (8)

1. Corporation Name

DAVIDS' HOLDING, INC.

Principal Place of Business

Mailing Address

RR 4, BOX 490
LIVE OAK FL 32060
US

RR 4, BOX 490
LIVE OAK FL 32060-9604
US



2. Principal Place of Business

21 12888 145 Road

2a. Mailing Address

26 12888 145 Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Live Oak, Florida

City & State

28 Live Oak, Florida

Zip

24 32060

Country

25 Suwannee

Zip

29 32060

Country

30 Suwannee

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 MINDY A. FELDMAN
Feldman & Feldman, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
500 N.E. Spanish River Blvd.
83
84 City Boca Raton FL 85 33431

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

Mindy A. Feldman

2-11-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHILLER, DAVID A	
STREET ADDRESS	RR 4, BOX 490	
CITY - ST - ZIP	LIVE OAK FL 32162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, DAVID V	
STREET ADDRESS	1407 NW 21ST AVE.	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David A. Schiller
1.3 STREET ADDRESS	12888 145 Road
1.4 CITY - ST - ZIP	Live Oak, Florida 32060
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 or block 13 if changed, or on an attachment with an address.

David A. Schiller

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 362-5518

CR2E034 (9/96)