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PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000042052 (8) **DOCUMENT #** DAVIDS' HOLDING, INC.

Mailing Address

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business 12888 145 ROAD 12888 145 ROAD LIVE OAK FL 32060 LIVE OAK FL 32060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/31/1994 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 59-3249 168 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 29 25 30 9, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 FELDMAN, MINDY A. FELDMAN & FELDMAN, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 500 N.E. SPANISH RIVER BLVD. 83 **BOCA RATON FL 33431** 84 City 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, if the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lar. SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 1.1 TITLE DELETE Change Addition SCHILLER, DAVID A NAME 1.2 NAME **72E034** 12888 145 ROAD STREET ADDRESS 1.3 STREET ADDRESS LIVE OAK FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE Change Addition TITLE 2.1 TITLE DAVIS, DAVID V NAME 2.2 NAME 1407 NW 21ST AVE. 2.3 STREET ADDRESS STREET ADORESS **GAINESVILLE FL 32605** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. 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 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?