FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:32

DOCUMENT # P94000053084 (7)

1. Corporation Name
DAV-LIN INTERIOR CONTRACTORS INC.

Principal Place of Business	Mailing Address
6811 PHILLIPS INDUSTRIAL BLVD. JACKSONVILLE FL 32256	6811 PHILLIPS INDUSTRIAL BLVD. JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report:

2. Principal Place of Business
21 6900 Phillips Industrial Blvd.
22 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL
24 Zip: 32256 — 25 Country:

2a. Mailing Address
26 6900 Phillips Industrial Blvd.
27 Suite, Apt. #, etc.
28 City & State: Jacksonville, FL
29 Zip: 32256 — 30 Country:

4. FEI Number: 59-3251889 — ☐ 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
BENNETT, CHARLES B
3306 INDEPENDENT SQUARE
ONE INDEPENDENT DR.
JACKSONVILLE FL 32202

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change / Addition
1 1 TITLE	P	☐ Change ☒ Addition
1 2 NAME	David E. Lee	
1 3 STREET ADDRESS	6900 Phillips Industrial Blvd.	
1 4 CITY ST ZIP	Jacksonville, FL 32256	
2 1 TITLE	V	☐ Change ☒ Addition
2 2 NAME	Larry M. Baughman	
2 3 STREET ADDRESS	6900 Phillips Industrial Blvd.	
2 4 CITY ST ZIP	Jacksonville, FL 32256	
3 1 TITLE	S/T	☐ Change ☒ Addition
3 2 NAME	Lindsay Lee	
3 3 STREET ADDRESS	6900 Phillips Industrial Blvd.	
3 4 CITY ST ZIP	Jacksonville, FL 32256	
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 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.

SIGNATURE: [signature] David E. Lee — 904-260-2461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #