FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000053109 (2)**

1. Corporation Name

DARRELL DAVIS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1301 CHESTWOOD COVE HEATHROW FL 32746	1301 CHESTWOOD COVE HEATHROW FL 32746

3. Date Incorporated or Qualified: **07/15/1994**
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business
21 2225 Alaqua Drive
22 Suite, Apt. #, etc.
23 City & State: Longwood FL
24 Zip: 32779 25 Country

2a. Mailing Address
26 2225 Alaqua Drive
27 Suite, Apt. #, etc.
28 City & State: Longwood FL
29 Zip: 32779 30 Country

4. FEI Number: **59-3256776** ☐ 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

DAVIS, DARRELL L
1301 CHESTWOOD COVE
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name: Davis, Darrell L.
82 Street Address (P.O. Box Number is Not Acceptable): 2225 Alaqua Drive
83
84 City: Longwood FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 607.1502 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: Darrell L Davis PRES — Jacqueline P. Davis V Pres. — DATE: 2-24-96
Signature, type or print name of registered agent and title, if applicable (Not Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	DAVIS, DARRELL L	1.2 NAME	Davis, Darrell L.
STREET ADDRESS	1301 CHESTWOOD COVE	1.3 STREET ADDRESS	2225 Alaqua Drive
CITY-ST-ZIP	HEATHROW FL 32746	1.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	D ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	DAVIS, JACQUELINE P	2.2 NAME	Davis, Jacqueline P.
STREET ADDRESS	1301 CHESTWOOD COVE	2.3 STREET ADDRESS	2225 Alaqua Drive
CITY-ST-ZIP	HEATHROW FL 32746	2.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Darrell L Davis PRES — 2-24-96 — 407 333-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #