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

APPROVED AND FILED
1996 MAY -1 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000002873

1. Corporation Name

Davenport Diversified, Inc.

Principal Place of Business — Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 1418 San Marco Blvd.	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Jacksonville, FL	City & State 28
Zip 24 32207 — Country 25 U.S.A.	Zip 29 — Country 30

3. Date Incorporated or Qualified: 01-09-95
3a. Date of Last Report:
4. FEI Number: 59-3316642 — [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

Anne Marie Davenport a/k/a Anne Marie Nieves
1321 San Mateo Avenue
Jacksonville, FL 32207

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 [signature] — Signature, typed or printed name of registered agent and title if applicable — DATE 5/6/96

12. OFFICERS AND DIRECTORS

TITLE	President	[ ] DELETE
NAME	Michael S. Walls	
STREET ADDRESS	Rt. 2, Box 115X	
CITY-ST-ZIP	Bryceville, FL 32009	
TITLE	Vice-President	[ ] DELETE
NAME	Anne Marie Davenport	
STREET ADDRESS	1321 San Mateo Avenue	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	Secretary	[ ] DELETE
NAME	Anne Marie Davenport	
STREET ADDRESS	1321 San Mateo Avenue	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	Treasurer	[ ] DELETE
NAME	Anne Marie Davenport	
STREET ADDRESS	1321 San Mateo Avenue	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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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: [signature] Michael S. Walls — 4/23/96 — 904-398-7553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #