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Secretary of State

02-23-1999 90032 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000099900			
1. Corporation Name DAVIS SUPPLY, INC.			
Principal Place of Business 6642 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652		Mailing Address 6642 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652	
2. Principal Place of Business 21 DAVIS SUPPLY, INC. Suite, Apt. #, etc. 22 6624 U.S. HIGHWAY 19 City & State 23 NEW PORT RICHEY, FL Zip Country 24 34652		2a. Mailing Address 26 DAVIS SUPPLY, INC. Suite, Apt. #, etc. 27 P. O. BOX 1528 City & State 28 NEW PORT RICHEY, FL Zip Country 29 34656	
9. Name and Address of Current Registered Agent DAVIS, JAMES H 6642 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652		10. Name and Address of New Registered Agent 81 Name JAMES H. DAVIS 82 Street Address (P.O. Box Number is Not Acceptable) 6624 U.S. HIGHWAY 19 83 84 City NEW PORT RICHEY FL 85 Zip Code 34652	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JAMES H 6828 RIVER ROAD NEW PORT RICHEY FL 34652	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, CLARA E 6828 RIVER ROAD NEW PORT RICHEY FL 34652	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, MELISSA A 12415 BERKELEY SQUARE DRIVE TAMPA FL 32626	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, MATTHEW P 7918 LEOTA LANE NEW PORT RICHEY FL 34653	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 6, 1999

Date

(727) 849-5947

Daytime Phone #

CR2E034 (11/98)