

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/2.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90124 010 \*\*\*150.00

**DOCUMENT # P99000095724**  
 1. Entity Name  
**5 DAVIS GROUP, INC.**

Principal Place of Business 529 E. 9TH STREET PANAMA CITY FL 32401	Mailing Address 1751 GLADIOLAS DRIVE WINTER PARK FL 32792-6224
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>593641708</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**  
 WASHINGTON, GLORIA D  
 1751 GLADIOLAS DRIVE  
 WINTER PARK FL 32792

**7. Name and Address of New Registered Agent**  
 Name **Myrtle L. Jones**  
 Street Address (P.O. Box Number is Not Acceptable)  
**801 N Center Avenue**  
 City **Panama City** **FL** Zip Code **32401**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* **MYRTLE L JONES** **President** **4/25/00**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>MYRTLE L. JONES</b> <b>801 N Center Ave</b> <b>Panama City, FL 32401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Billy Joseph Davis</b> <b>1403 Dunnet Rd</b> <b>Lynn Haven, FL 32444</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Gloria D. Washington</b> <b>1751 Gladiolas Drive</b> <b>Winter Park, FL 32792</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Bettie Ann Davis</b> <b>309 Rippling Stream Rd</b> <b>Durham, NC 27704</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Alternate</b> <b>James Edward Davis</b> <b>16014 Amberly Dr</b> <b>Tampa FL 33647</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **MYRTLE L JONES** **4-25-00** **850 784-3788**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)