FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P99000095,724 5 DAVIS GROUP, INC. 04-11-2001 90115 026 ***150.00 Principal Place of Business Mailing Address 1751 GLADIOLAS DRIVE 529 E. 9TH STREET PANAMA CITY FL 32401 WINTER PARK FL 32792 740770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3611708 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONES, MYRTLE L Street Address **801 N CENTER AVE** PANAMA CITY FL 32401 Zip Cod 3279 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change CR2E034 (10/00) Delete Addition TITLE TITLE NAME JONES, MYRTLE L STREET ADDRESS STREET ADDRESS 801 N CENTER AVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME DAVIS, BILLY JOSEPH STREET ADDRESS STREET ADDRESS 1403 DYNNAT RD CITY-ST-7IP CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Change ☐ Addition TITLE. -- Delete TITLE NAME WASHINGTON, GLORIA D NAME STREET ADDRESS STREET ADDRESS 1751 GLADIULAS DR CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32792 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DAVIS, BETTIE ANN STREET ADDRESS STREET ADDRESS 309 RIPPLING STREAM RD CITY-ST-ZIP CITY-ST-ZIP **DURHAM NC 27704** Addition TITLE ☐ Delete TITLE DAVIS, JAMES E NAME STREET ADDRESS STREET ADDRESS 16014 AMBERLY DR CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33647 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

TE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO