

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V32792** (6)

1. Corporation Name
DAVIES, INC.



Principal Place of Business
**1604 WATER DR NE
PALM BAY FL 32905
US**

Mailing Address
**1604 WATER DR NE
PALM BAY FL 32905
US**

2. Principal Place of Business 21 4480 Hwy 1 Suite, Apt. #, etc 22 City & State 23 Grant, Florida Zip 24 32949 Country 25 Brevard	2a. Mailing Address 26 4480 Hwy 1 Suite, Apt. #, etc 27 City & State 28 Grant, Florida Zip 29 32949 Country 30 Brevard
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3. Date Incorporated or Qualified 04/30/1992	3a. Date of Last Report 04/12/1995
4. FEI Number 59-3118598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVIES, GLEN S 1604 WATER DR. NE PALM BAY FL 32905	10. Name and Address of New Registered Agent 81 Name DAVIES, Glen S. 82 Street Address (P.O. Box Number is Not Acceptable) 4480 Hwy 1 83 84 City Grant 85 Zip Code FL 32949
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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's signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, GLEN S	1.2 NAME	DAVIES, Glen S.
STREET ADDRESS	120 LEE STREET	1.3 STREET ADDRESS	4480 Hwy 1
CITY-ST-ZIP	INDIALANTIC FL 32903	1.4 CITY-ST-ZIP	GRANT, FL. 32949
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, MAGGIE J	2.2 NAME	DAVIES, MAGGIE J.
STREET ADDRESS	120 LEE STREET	2.3 STREET ADDRESS	4480 Hwy 1
CITY-ST-ZIP	INDIALANTIC FL 32903	2.4 CITY-ST-ZIP	GRANT, FL. 32949
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maggie J. Davies **MAGGIE J. DAVIES** ST **8-7-96** **407-952-1998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)