

**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 <b>1996</b>		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 <b>1604 WATER DR NE PALM BAY FL 32905 US</b>	Mailing Address <b>1604 WATER DR NE PALM BAY FL 32905 US</b>
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2. Principal Place of Business 21 <b>4480 Hwy 1</b> Suite, Apt. #, etc	2a. Mailing Address 26 <b>4480 Hwy 1</b> Suite, Apt. #, etc	3. Date Incorporated or Qualified <b>04/30/1992</b>	3a. Date of Last Report <b>04/12/1995</b>
22 City & State 23 <b>Grant, Florida</b>	27 City & State 28 <b>Grant, Florida</b>	4. FEI Number <b>59-3118598</b>	Applied For Not Applicable
24 Zip <b>32949</b>	25 Country <b>Brevard</b>	29 Zip <b>32949</b>	30 Country <b>Brevard</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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, FL** 85 Zip Code **32949**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIES, GLEN S</b>	
STREET ADDRESS	<b>120 LEE STREET</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIES, MAGGIE J</b>	
STREET ADDRESS	<b>120 LEE STREET</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>DAVIES, Glen S.</b>	
13 STREET ADDRESS	<b>4480 Hwy 1</b>	
14 CITY-ST-ZIP	<b>Grant, FL 32949</b>	
21 TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DAVIES, MAGGIE J.</b>	
23 STREET ADDRESS	<b>4480 Hwy 1</b>	
24 CITY-ST-ZIP	<b>Grant, FL 32949</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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** <sup>ST</sup> **8-7-96** **407-952-1998**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)