

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38566

Entity Name: DAVID H. MELVIN, INC.**Current Principal Place of Business:**4428 LAFAYETTE STREET
MARIANNA, FL 32446**Current Mailing Address:**PO BOX 840
MARIANNA, FL 32447 US**FEI Number:** 59-2990336**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MELVIN, DAVID HPRESIDE
4428 LAFAYETTE STREET
MARIANNA, FL 32446 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	MELVIN, DAVID H
Address	4646 THE OAKS DR
City-State-Zip:	MARIANNA FL 32446

Title	S,V
Name	NOBLES, LEON EIII
Address	2373 BRIDGE CREEK RD
City-State-Zip:	MARIANNA FL 32448

Title	VP
Name	PETTIS, KENNITH R
Address	3069 COLLEGE STREET
City-State-Zip:	MARIANNA FL 32446

Title	V
Name	HOLLOWAY, KIMBERLY
Address	1713 BROKEN BOW TRAIL
City-State-Zip:	TALLAHASSEE FL 32312

Title	V
Name	HICKS COON, LAURIEL ALICIA
Address	2036 BOOSTER CLUB ROAD
City-State-Zip:	BAINBRIDGE GA 39819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID H MELVIN**PRESIDENT****01/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date