

**2019 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 V  
Name BEARWOOD, BRIAN  
Address 4428 LAFAYETTE STREET/POST  
OFFICE BOX 13  
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

*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**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date