

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214542572
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1.) CORPORATION NAME: J. T. Davenport & Sons, Inc.	DUE DATE: 11/30/2014						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS, INC. 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1688839						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td style="text-align: center;">1,000</td> </tr> <tr> <td>COMB</td> <td style="text-align: center;">100,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	1,000	COMB	100,000
CLASS	AUTHORIZED						
COMA	1,000						
COMB	100,000						
4.) STATE OR COUNTRY OF INCORPORATION: NC							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1144 BROADWAY ROAD

CITY/ST/ZIP: SANFORD, NC 27332-9793

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THOMAS B PERKINSRT TITLE: PRES/DEO/DIR ADDRESS: 1144 BROADWAY ROAD CITY/ST/ZIP/CO: SANFORD, NC 27332-9793	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MARK DAVENPORT TITLE: PRES DIVISION ADDRESS: 1144 BROADWAY RD CITY/ST/ZIP/CO: SANFORD, NC 27332-9793	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: JOHN DAVENPORT III TITLE: VP FD SERVICES ADDRESS: 1144 BROADWAY RD CITY/ST/ZIP/CO: SANFORD, NC 27332-9793	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: STACY LONTZ-CONGDON TITLE: CFO/DIR ADDRESS: 1144 BROADWAY ROAD CITY/ST/ZIP/CO: SANFORD, NC 27332-9793	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TED HAVENS TITLE: DIV CONTROLLER ADDRESS: 1144 BROADWAY ROAD CITY/ST/ZIP/CO: SANFORD, NC 27332-9793	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ STACY LONTZ-CONGDON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STACY LONTZ-CONGDON, CFO/DIR PRINTED NAME AND CORPORATE TITLE	9/10/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.