

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004683 (7)**

1. Corporation Name
ODAA DEVELOPING COMPANY, INC.



Principal Place of Business: **408 YANKE ROAD MICHIGAN CITY IN 46360**
Mailing Address: **408 YANKE ROAD MICHIGAN CITY IN 46360**

3. Date Incorporated or Qualified: **09/26/1995**
3a. Date of Last Report

2. Principal Place of Business: **9950W. HWY 98, C-11**
2a. Mailing Address: **9950W. HWY 98, C-11**

4. FEI Number: **35-1931821**
Applied For: Not Applicable

22. Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **DESTIN, FL.**
28. City & State: **DESTIN, FL.**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32541**
25. Country: **OKALOOSA**
29. Zip: **32541**
30. Country: **OKALOOSA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **VANCE, TRACIE L 211 MY WAY SANTA ROSA BEACH FL 32549**
10. Name and Address of New Registered Agent: **81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code**

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC SCHAUMANN, RICHARD P II	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	408 YANKE ROAD	1.2 NAME	
STREET ADDRESS	MICHIGAN CITY IN 46360	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	WC VANCE, TRACIE L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	211 MY WAY	2.2 NAME	
STREET ADDRESS	SANTA ROSA BEACH FL 32459	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SDT SCHAUMANN, KATHY R	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9950 W. HWY. #98-59, LOT C-11	3.2 NAME	
STREET ADDRESS	DESTIN FL 32541	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SCHAUMANN, DANIEL S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	408 YANKE ROAD	4.2 NAME	
STREET ADDRESS	MICHIGAN CITY IN 46360	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard P. Schumann II 4-25-96 219-874-1321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)