
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.

City-State-Zip: OCALA FL 34481-7275

SIGNATURE: EDWARD M. PRESSON

Electronic Signature of Signing Officer/Director Detail

## Name and Address of Current Registered Agent:

PRESSON, EDWARD M 6800 SW 95TH CIRCLE OCALA, FL 34481 US

6800 SW 95TH CIRCLE

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	EDWARD M. PRESSON										
	Electronic Signature of Registered Agent			Date							
Officer/Director Detail :											
Title	VP	Title	TREASURER								
Name	STRADER, DEBORAH ANNE	Name	COFFEY, SARAH L								
Address	813 ALLENDALE STREET	Address	7017 ROTHERWOOD DR.								
City-State-Zip:	SANTA FE NM 87505	City-State-Zip:	KNOXVILLE TN 37919-7411								
Title	EXECUTIVE SECRETARY	Title	P								
Name	PRESSON, KATHERINE L	Name	PRESSON, EDWARD M								
Address	6800 SW 95TH CIRCLE	Address	6800 SW 95TH CIRCLE								

## **Current Mailing Address:**

POST OFFICE BOX 4912 OCALA. FL 34478-4912 US

### FEI Number: 59-2342499

# OCALA, FL 34481

DOCUMENT# G61800

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: CODESCO CORPORATION

### **Current Principal Place of Business:**

Certificate of Status Desired: No

FILED Jan 25, 2020 Secretary of State 8336370065CC

> 01/25/2020 Date

PRESIDENT

City-State-Zip: OCALA FL 34481-7275