

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G61800

**FILED**  
**Jan 25, 2017**  
**Secretary of State**  
**CC8425423156**

**Entity Name:** CODESCO CORPORATION

**Current Principal Place of Business:**

2959 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

2959 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33713

**FEI Number:** 59-2342499

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BACON, DAVID A.  
2959 FIRST AVE. N.  
ST. PETERSBURG, FL 33713 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 SD  
Name STRADER, DEBORAH A.  
Address 813 ALLENDALE STREET  
City-State-Zip: SANTA FE NM 87505-8803

Title VP  
Name COFFEY, SARAH L  
Address 7017 ROTHERWOOD DR.  
City-State-Zip: KNOXVILLE TN 37919-7411

Title TD  
Name PRESSON, KATHERINE L  
Address 50 SE 123RD STREET RD.  
City-State-Zip: OCALA FL 34480-8528

Title P  
Name PRESSON, EDWARD M  
Address 50 SE 123 STREET ROAD  
City-State-Zip: OCALA FL 34480

*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:** EDWARD M. PRESSON

**PRESIDENT**

**01/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date