

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000185

Entity Name: ODOM CONSTRUCTION SYSTEMS, INC.**Current Principal Place of Business:**1430 ISLAND HOME AVENUE
KNOXVILLE, TN 37920**Current Mailing Address:**P.O. BOX 20146
KNOXVILLE, TN 37940**FEI Number: 62-1216379****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NARDI, JEFF
1028 ISLE OF PALMS DR
FERNADINA BEACH, FL 32034 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	D
Name	ODOM, JULIAN B
Address	1430 ISLAND HOME AVENUE
City-State-Zip:	KNOXVILLE TN 37920

Title	D
Name	SANDS, MELINDA O
Address	1430 ISLAND HOME AVENUE
City-State-Zip:	KNOXVILLE TN 37920

Title	D
Name	ODOM, WILLIAM P
Address	1430 ISLAND HOME AVENUE
City-State-Zip:	KNOXVILLE TN 37920

Title	D
Name	ODOM, DANIEL M
Address	1430 ISLAND HOME AVENUE
City-State-Zip:	KNOXVILLE TN 37920

Title	D
Name	ODOM, WANDA K
Address	3218 BEST ROAD
City-State-Zip:	MARYVILLE TN 37803

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: MELINDA SANDS**CFO****06/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date