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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 186751 1. Corporation Name

DODD, INC.

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90046 033 ***150.00



| Principal Place of Business Mailing Address | | | | | | |
|---|---|--|------------------------------|---|------------------|--------------|
| 2225 S. ATLAN | | 2225 S. ATLANTIC AVENUE | | | | |
| DAYTONA BEAG | CH SHORES FL 32118-5319 | DAYTONA BEACH SHORES FL 32118-5319 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualifed | | |
| | | | | 07/25/1955 | | } |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Арр | lied For |
| 21 | | 26 | | 59-0772113 | Not | Applicable |
| | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Ad | dditional |
| | | 27 . | | 5. Certificate of Status Desired | Fee Req | uired |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 N | ∕lay Be |
| 23 | | 28 | | Trust Fund Contribution | Added to | Fees |
| Zip Country | | — | Country | 8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax | | |
| 24 | 25 | 29 30 | | Personal Property Tax. | | |
| | 9. Name and Address of Curre | nt Registered Agent | 81 Name | 10. Name and Address of New Registered | Agent | |
| חחח | D CM | | Thaine | | | |
| DODD, C.M. 2400 DODGE DR | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | ì |
| DAYTONA BEACH FL 32018 | | | 83 | | | |
| DAI | TOTAL DESCRIPTION | | " | | | |
| | | | 84 City | FI | 85 Zip Co | ode |
| 44 5 | A. the amidalane of Captions (07.05 | 02 and 607 1509 Florida Statutos th | no above named cor | poration submits this statement for the numose of | f changing its f | egistered |
| office or r | egistered agent, or both, in the State | of Florida. Such change was author | ized by the corporat | ion's board of directors. I hereby accept the appo | intment as reg | istered |
| agent. I a | m familiar with, and accept the oblig | ations of, Section 607.0505, Florida | Statutes, | | | 1 |
| SIGNATURE | Signature, typed or printed name of registered ag | and and title if applicable (NOTE: Pagis | tered Agent signature requir | ed when reinstating) OATE | | |
| 12. | | | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | RS IN 12 |
| TITLE | P | | 1.1 TITLE | | ☐ Change | Addition |
| NAME | DODD,C M | i di | 1.2 NAME | | | 1. |
| STREET ADDRESS | ALCO DODGE DOUG | 1 | 1.3 STREET ADDRESS | | | 1 : |
| CITY-ST-ZIP | DAYTONA BEACH FL | | 1.4 CITY-ST-ZIP | | _ | |
| TITLE | S | ☐ DELETE : | 2.1 TITLE | | ☐ Change | Addition |
| NAME | DODD, EVELYN | : | 2.2 NAME | | | |
| STREET ADDRESS | ALCO BODGE BODGE | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | i. | 2. 4 CITY-ST-ZIP | | | |
| TITLE | | - DOELETE | 3.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | Į; | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change | ☐ Addition } |
| NAME | . ** | • | 4. 2 NAME | | | 1 |
| STREET ADDRESS | | i i | 4.3 STREET ADDRESS | | • | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | | 5.1 TITLE | | Change | ☐ Addition |
| NAME: | | | 5.2 NAME | | _ | ĺ |
| STREET ADDRESS | • | | 5.3 STREET ADDRESS | | . == |] |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | н . | - Chance | - Addition |
| TITLE | 1 | 42.04-12 | 6.1 TITLE | • | ☐ Change | Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | ţ | | 6.3 STREET ADDRESS | , | | |
| OFF OF 710 | İ | | 64 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or suppliemental 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 of 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, with all other like empowered.

SIGNATURE:

(904) 252.9631