2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR P

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # 238154** D O D INVESTMENTS, INC. 01-25-2000 90039 017 ***150.00 Mailing Address Principal Place of Business 1430 SOUTH FIRST ST. 1430 SOUTH FIRST ST. LOIFAO SUITE 3 SUITE 3 LAKE CITY FL 32025-5750 LAKE CITY FL 32025 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-6057130 Not Applied \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ODOM, D.B. Street Address (P.O. Box Number is Not Acceptable) 1430 SOUTH FIRST STREET SUITE 3 LAKE CITY FL 32025 Zip Code City FL 8. 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE NAME CARTER, MARTHA JANE NAME STREET ADDRESS STREET ADDRESS 1420 S FIRST STREET CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 ☐ Change ☐ Addition TITLE ☐ Delete NAME ODOM, J. L. NAME STREET ADDRESS 1420 S FIRST STREET STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete Change ☐ Additior TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additior ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 report or supplemental 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 11 or Block 12 if