FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

1. Corporation Name

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90024 008 ***150.00

DODD REALTY CORPORATION							
Principal Place of Business Mailing Address					1 (55105 Artis 4914) (5115 1954) (5515 551) 6141		
1801 N. WICKHAM IROAD 1801 N. WICKHAM ROAD						•	
MELBOURNE FL 32935-8155		#5			DO NOT WRITE IN THI	S SPACE	
US		MELBOURNE FL 32935-8155 US		3. Date Incorporated or Qualified			
		•			09/12/1966		ļ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For
21	333 S. Basiness	26	·		59-1147 <u>975</u>	Not	t Applicable
Suite, Apt.	Suite, Apt. #, etc.	#, etc.		5. Certificate of Status Desired	- \$8.75 ∧		
22	27			5. Certificate of Status Besired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00		
23		Zip Country		Trust Fund Contribution	Added to	o Fees	
Zip					8. This corporation owes the current year li		¥No
24	25 29 30				Personal Property Tax. 10. Name and Address of New Registered		XINO .
	9. Name and Address of Current	r Kegisterea Agent	81	Name	IV. Hallie and Address of Hew Registered		
DODD JR., W. STANLEY							
	MALLIE COURT		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MELI		83					
11122							
			84	City	Fi	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				e-named corpo	aration automits this statement for the numose (of changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	N FIORIDA SUCO COADDA WAS AUDIO	mzea ov	THE COLDOLARD	oration submits this statement of the purpose on's board of directors. I hereby accept the appoint	intment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agen	Land title if continable (NOTE: Rea	istered Aner	nt signature required	d when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME			1.2 NAME				
STREET ADDRESS	3625 MALLIE COURT		1.3 STREET	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME	_		2.2 NAME				i
STREET ADDRESS			2.3 STREE	TADDRESS			1
CITY-ST-ZIP 4	and the contract of the contra		2. 4 CITY-S	ST-ZIP	الم المنظم ا	25-642	-
TITLE			3.1 TITLE			Change	Addition
NAME	32 N		3.2 NAME				-
STREET ADDRESS			3.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	- 100 · · · · · · · · · · · · · · · · · ·		
TITLE	DELETE 4.1 TI		4.1 TITLE			Change	Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4,3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY- S	T-ZIP			
TITLE			5.1 TITLE			Change	☐ Addition
NAME			52 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP	#1 f-34-2IF			T-ZIP	the first of the state of the s		Addis-
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

6.4 CITY-ST-ZIP 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 supplemental 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 or the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)