

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 322431 (8)
1. Corporation Name
JIM CODY, INC.

Principal Place of Business 7020 NORTH 30TH ST. P.O. BOX 11338 TAMPA FL 33680	Mailing Address 7020 NORTH 30TH ST. P.O. BOX 11338 TAMPA FL 33680-1338
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2. Principal Place of Business 21 5601 ANDERSON RD. Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip 24 33614	2a. Mailing Address 26 P.O. BOX 151197 Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33684-1197	30 HILLSBOROUGH
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3. Date Incorporated or Qualified 10/23/1967	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1174460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HARRISON, HAROLD E., JR.
7016 N. 30TH ST. (TAMPA, FL 33610)
220 W. 109TH AVE
TAMPA FL 33612

10. Name and Address of New Registered Agent	
81 Name SUSAN CODY	82 Street Address (P.O. Box Number is Not Acceptable) 14917 OLD POINTE RD.
83 TAMPA, FL 33613	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Susan Cody*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/97

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, HAROLD E., JR. 220 W. 109TH AVENUE TAMPA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATHES, WILLIAM E 13511 GIBBONS PASS TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CODY, CATHERINE D 4149 NORTHMEADOW CIR TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, RONALD J 13901 N FLORIDA AVE TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CODY, SUSAN 14917 OLD POINTE RD. TAMPA, FL 33613 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATHES, CATHY 13511 GIBBONS PASS TAMPA, FL 33613 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE: SUSAN CODY *Susan Cody* 4/10/97 813-888-6008

CR2E034 (9/96)