

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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90021 026 \*\*\*150.00

DOCUMENT # 322431

1. Corporation Name  
JIM CODY, INC.

Principal Place of Business

5601 ANDERSON RD  
TAMPA FL 33614  
US

Mailing Address

P.O BOX 151197  
TAMPA FL 33684-1197  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1967

4. FEI Number

59-1174460

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CODY, SUSAN  
14917 OLD POINTE RD  
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/99

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CODY, SUSAN  
STREET ADDRESS 14917 OLD POINTE RD  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME MATHES, WILLIAM E  
STREET ADDRESS 13511 GIBBONS PASS  
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE

NAME CODY, CATHERINE D  
STREET ADDRESS 4149 NORTHMEADOW CIR  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME BROWN, RONALD J  
STREET ADDRESS 13901 N FLORIDA AVE  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME MATHES, CATHY  
STREET ADDRESS 13511 GIBBONS PASS  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

*Susan Cody*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

813.888.6068

Daytime Phone #

CR2E034 (11/98)

0404002