

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 345337 (0)
1. Corporation Name
ODOM HARDWOOD PRODUCTS, INC.

Principal Place of Business
1420 S FIRST STREET
LAKE CITY FL 32055
Mailing Address
1420 S FIRST STREET
LAKE CITY FL 32055



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/1969

4. FEI Number
59-1267732
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

ODOM, D B
1420 SOUTH FIRST STREET
LAKE CITY FL 32055

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ODOM, J. L.
STREET ADDRESS 1420 SOUTH FIRST STREET
CITY-ST-ZIP LAKE CITY FL

☐ DELETE

TITLE VSD
NAME ODOM, D. B.
STREET ADDRESS 1420 SOUTH FIRST STREET
CITY-ST-ZIP LAKE CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

100002587661
-07/14/98--01017--008
***150.00

OK 7/13

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.

SIGNATURE

7/14/98

CR2E034 (5/98)

2

ODOM HARDWOOD PRODUCTS, INC.

17321

OUR REF. NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
010487	59-1267732	12/31/97	150.00	150.00	0.00	150.00

Sunny Caldwell

ODOM HARDWOOD PRODUCTS, INC.

P. O. BOX 2559
LAKE CITY, FL 32056

BARNETT BANK OF N. CENTRAL FLORIDA
LAKE CITY, FL 32055
63-62/631

17321

CHECK DATE	CONTROL NUMBER	CHECK AMOUNT
01/12/98	017321	\$*****150.00

PAY

One Hundred Fifty and 00/100 ----- dollars

TO THE
ORDER
OF

FLORIDA DEPT OF STATE
DIVISION OF CORP., ANNUAL REP.
P.O. BOX 1500
TALLAHASSEE FL 32302-1500

ODOM HARDWOOD PRODUCTS, INC.
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

POSTAL COLLECTION

1100070137M