FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

708985 DOCUMENT #
1. Corporation Name

(7)

01112011	OOD DEVELOPMENT SER	(VICES, INC.				
Principal Place	of Business	Mailing Address				
1601 NE 25TH	AVE	P O BOX 70289			İ	
STE 301 OCALA FL 34470 US						
US US					Date Incorporated or Qualified	3a. Date of Last Report
					05/19/1965	02/13/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 59-1262700	Applied For
21 26				39 1202100	Not Applicable \$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Country		8. This corporation has liability for i	
24	25	29	30		10.000	Yes No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New R	egistereo Agent
500	n.ı					
FOY, LINDA 1601 NE 25TH AVE OCALA FL 34470			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)
			83			
OCALA	L 311/U					85 Zip Code
			84	City		
11. Pursuant t	o the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	s, the above-	named co	rporation submits this statement for the pur coard of directors. I hereby accept the appo	pose of changing its registered office
or register familiar wit	ed agent, or both, in the State of Fic h, and accept the obligations of, Se	orida. Such change was authorized oction 617.0503, Florida Statutes.	o by the corp	oration's i	board of directors. Thereby accept the app	Similaris as registered agent. I am
SIGNATURE _						DATE
Signature, typed or printed name of registered agent and title If applicable. (NO 12. OFFICERS AND DIRECTORS		13.	nt signature re	quired when reinstating) ADDITIONS/CHANGES TO OFF		
TITLE	PD	DELETE				IUENO AND DINEUTUNO IN 12
NAME	FITOS, BARBARA		1.1 TITLE		PD	Change Addition
STREET ADDRESS		<u></u>	1.1 T/TLE 1.2 NAME			
	3390 SE 22ND AVE				PD	Change Addition
CITY-ST-ZIP	3390 SE 22ND AVE OCALA FL		1.2 NAME	ADDRESS	PD Ann Hall	g]Change □ Addition Suite 401
	OCALA FL PD	™ DELETE	1.2 NAME 1.3 STREET	ADDRESS	PD Ann Hall 1330 W. Citizens Blvd.	Change Addition
CITY-ST-ZIP	OCALA FL PD CAVALIER, MARY JO	_	1.2 NAME 1.3 STREET 1.4 C(TY-5 2 1 TITLE 2 2 NAME	ADDRESS ST-ZIP	PD Ann Hall 1330 W. Citizens Blvd. <u>Leesburg, FL 34748</u> PD Michael May	g]Change □ Addition Suite 401
CITY-ST-ZIP TITLE	OCALA FL PD CAVALIER, MARY JO 3350 SE 38TH STREET	_	1.2 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 2 2 NAME 2.3 STREET	ADDRESS ST-ZIP	PD Ann Hall 1330 W. Citizens Blvd. Leesburg, FL 34748 PD Michael May 2631 SE 3rd Street	g]Change □ Addition Suite 401
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCALA FL PD CAVALIER, MARY JO	™ DELETE	1.2 NAME 1.3 STREET 1.4 C(TY-S) 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 C(TY-S)	ADDRESS ST-ZIP	PD Ann Hall 1330 W. Citizens Blvd. Leesburg, FL 34748 PD Michael May 2631 SE 3rd Street Ocala, FL 34471	Change Addition Suite 401 Change Addition
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DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OCALA FL PD CAVALIER, MARY JO 3350 SE 38TH STREET OCALA FL T CROSKEY, RALPH	™ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME	ADDRESS ST-ZIP I ADDRESS ST-ZIP	PD Ann Hall 1330 W. Citizens Blvd. Leesburg, FL 34748 PD Michael May 2631 SE 3rd Street Ocala, FL 34471 T Warnell Maxey	Change Addition Suite 401 Change Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attacyment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

DED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 952-629-000-8
Date Destroy Proce #