FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPAREMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS F12335 (8)**DOCUMENT #** SWEET JODY, INC. Principal Place of Business Mailing Address 1040 HWY 80 FAST P. O. BOX 813 DESTIN FL 32541 DESTIN FL 32541 3. Date Incorporated or Qualified 3a. Date of Last Report 12/19/1980 06/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FLI Number Applied For 21 59-2056633 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BECK, JODY GODWIN 82 Street Address (P.O. Box Number is Not Acceptable) 319 Sibut ave Destin FL 32541 207 FLORIDA PLACE SE **FORT WALTON BEACH 32548** City 84 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ature, typed or printed name of registers cape transit the macro-land (NOTE: Registered Agent signature required when reinstating) (12/95)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition THE 1 1 11/11 Change BECK, JODY GODWIN 319 Sibert AVE NAME CR2E034 207 FLORIDA PLACE SE STREET ADDRESS 1.3 STREET ADDRESS CHY-ST-ZiP 1.4 Crty - ST-ZiP THILE DELETE 2 1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP DELETE TIFLE 4 1 THLE ☐ Change ☐ Add-tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Add-tion 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CiTY - \$1 - ZIP DELETE THILE Change 6.1101:6 Addition NAME 6.2 NAME STREET ADDRESS 6.4 CITY - S1 - Z.P 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 607, Florida Statutes; and that my name appears in Florid 12 or Blogist 3 if contents of the corporation of the statutes.

appears in Block 12 or B

SIGNATURE:

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under e receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name