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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

Jan 22 1997 8:00am  
Secretary of State

DOCUMENT # F94000003080 (8)

1. Corporation Name

C.D. MOODY CONSTRUCTION COMPANY, INC.

Principal Place of Business

6017 REDAN RD  
LITHONIA GA 30058  
US

Mailing Address

PO BOX 634  
REDAN GA 30074-0634



POSTED  
1-10-97

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

07/23/1996

4. FEI Number

58-1778748

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CHERRY, CHARLES W II  
121 N.W. 6TH AVE.  
SUITE 216  
FT. LAUDERDALE FL 33311

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  
officer 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 filed if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME MOODY, C.D. J  
STREET ADDRESS 1426 DOE VALLEY DR.  
CITY - ST - ZIP LITHONIA GA

TITLE VCVS ☐ DELETE

NAME MOODY, KARLA L  
STREET ADDRESS 1426 DOE VALLEY DR.  
CITY - ST - ZIP LITHONIA GA

TITLE D ☐ DELETE

NAME MOODY, CHARLES D SR  
STREET ADDRESS 3521 WINDEMERE DR  
CITY - ST - ZIP ANN ARBOR MI

TITLE D ☐ DELETE

NAME MOODY, CHRISTELLA  
STREET ADDRESS 3521 WINDEMERE DR  
CITY - ST - ZIP ANN ARBOR MI

TITLE T ☐ DELETE

NAME MOODY, COREY  
STREET ADDRESS 3210 GOLFE LINKS DR.  
CITY - ST - ZIP SNELLVILLE GA

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 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 included 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:

*Corey D. Moody*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011407

CR2E034 (9/96)