

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 16 1997 8:00am
Secretary of State

DOCUMENT # F95000001676 (4)

1. Corporation Name

ODYSSEY RESOURCE MANAGEMENT, INC.



Principal Place of Business

310 S. INDUSTRIAL BLVD.
EULESS TX 76040

Mailing Address

310 S. INDUSTRIAL BLVD.
EULESS TX 76040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 204 N. ECTOR

Suite, Apt. #, etc.

22

City & State

23 EULESS, TX

Zip

24 76039

Country

2a. Mailing Address

26 204 N. ECTOR

Suite, Apt. #, etc.

27

City & State

28 EULESS, TX

Zip

29 76039

Country

3. Date Incorporated or Qualified

04/06/1995

3a. Date of Last Report

03/06/1996

4. FEI Number

76-0120816

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ DELETE

NAME WILLIAMS, DAVID
STREET ADDRESS 310 SOUTH INDUSTRIAL BLVD
CITY-ST-ZIP EULESS TX

TITLE ST ☐ DELETE

NAME WILKINS, MICHAEL
STREET ADDRESS 310 SOUTH INDUSTRIAL BLVD
CITY-ST-ZIP EULESS TX

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 WILLIAMS, DAVID
1.3 STREET ADDRESS 310 N. ECTOR
1.4 CITY-ST-ZIP EULESS, TX 76039

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME WILKINS, MICHAEL
2.3 STREET ADDRESS 310 N. ECTOR
2.4 CITY-ST-ZIP EULESS, TX 76039

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 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:

Signature

2/19/97 (817) 267-6090

CR2E034 (4/97)