

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 3:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G52850 (6)

1. Corporation Name

ODIE MAINTENANCE, INC.

Principal Place of Business

**% SHARON C. LEWIS
4522 STATE ROAD 545
WINTER GARDEN FL 34787-9793**

Mailing Address

**% SHARON C. LEWIS
4522 STATE ROAD 545
WINTER GARDEN FL 34787-9793**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

08/04/1983

02/09/1994

4. FEI Number
59-2331440

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**LEWIS, WILLIAM C, III
4522 STATE ROAD 545
WINTER GARDEN FL 34787**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **LEWIS, WILLIAM C, III**
STREET ADDRESS **4522 STATE ROAD 545**
CITY - ST - ZIP **WINTER GARDEN FL**

TITLE **SD**
NAME **LEWIS, SHARON C.**
STREET ADDRESS **4522 STATE ROAD 545**
CITY - ST - ZIP **WINTER GARDEN FL**

TITLE **VPD**
NAME **LEWIS, WILLIAM C IV**
STREET ADDRESS **4522 STATE RD 545**
CITY - ST - ZIP **WINTER GARDEN FL**

TITLE **TD**
NAME **LEWIS, WARREN A**
STREET ADDRESS **4305 AVALON RD**
CITY - ST - ZIP **WINTER GDN FL**

TITLE **TD**
NAME **WATERS, RONALD E JR**
STREET ADDRESS **17168 DAVENPORT RD**
CITY - ST - ZIP **WINTER GDN FL**

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 register or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Sharon C. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON C. Lewis

4-15-95 (407)656-4699