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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

NAME

DOCUMENT #

1. Corporation Name H84179

(1)

		A A A A A A A COMPANY	CEDVICES	INC
メククのこれげいじ	INFORMATION	MANAGEMENT	SERVICES:	1110.

	nting information MA			5, IN	NG.					
rincipal Place of I	Business	Ma	ailing Address							
% GLENDON E. BODIFORD % GLENDO 549 WALNIIT DR 549 WALNI		% GLENDON E. BODIF 549 WALNUT DR. MELBOURNE FL 32935	VALNUT DR.		3. Date incorporated or Qualified 11/04/1985	3a. Dat	e of Last Rep 05/01/199	ort 95		
							4. FEI Number	L		plied For
, Principal Place	of Business		Mailing Address				59-2602867		No	t Applicable
Suite, Apt. #, €	atc.	26	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	
		27	Oit. P Ctata				6. Election Campaign Financing		\$5.00	May Be
City & State		201	City & State				Trust Fund Contribution			to Fees
7		28	Zıp	-	Country		8. This corporation has liability for	intangible	tax under s 1	99.032,
Zip •	Country	29	 P	30	•		Florida Statutes	No.		
	9. Name and Address of Curren		stered Agent				10. Name and Address of New R	egistere	y Want	
	8. mailie and				81	Name			<u></u>	
BUDIEU	RD, GLENDON E.				82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
	INUT DR.				L					
	URNE FL 32935				83]				
MELDU	NUME I C OCCOO				84	City		F	85 Zip	Code
							ration submits this statement for the pured of directors. I hereby accept the applications are renstated.	DATE		
s	greature, typed or printed name of registered agen OFFICERS AN	D DIBI	- Capping and -	Ī	13.		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO Change	RS IN 12 Addition
2.	PSTD		DELETE		1. 1 TITU				☐ Change	[] Addition
ILE	BODIFORD, GLENDON E			I	1.2 NAMI	E				
AME	549 WALNUT DRIVE			1	1.3 STRE	ET ADDRESS				
TREET ADDRESS	MELBOURNE FL.				1.4 CITY	- ST - ZIP			Change	Addition
TITY-ST-ZIP	VD		☐ DELETE		2. 1 TITL				[] 2.10.18c	
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CITY-ST-ZIP	MELBOURNE FL		The sector			-ST-ZIP			☐ Change	Addition
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NAME .					3.2 NAN	1				
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NAME						REET ADDRESS				
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TITLE			[] 0:2012		5.2 NA	\ \ \ \ \ \				
NAME						REE1 ADDRESS				
STREET ADDRESS	1				1	ry-ST-ZIP				ED Addition

6. 1 TITLE

62 NAME

6.3 STREET ADDRESS

DELETE

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 certify 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. 4/10/16 (40) 242-8549

Change Addition