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APPROVED AND FILED

95 APR 21 AM 9:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # J92663 (0)

1. Corporation Name
BILL ODOR REALTY, INC.

Principal Place of Business Mailing Address

**1% WILLIAM C. ODOR
5216 PALM RIVER RD
TAMPA FL 33619**

**1% WILLIAM C. ODOR
5216 PALM RIVER RD
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 **6619-78 ST.S.** 26 **P. O. BOX 300**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **UNIT "G"** 27

City & State City & State

23 **RIVERVIEW, FL** 28 **ST. JAMES CITY, FL**

Zip Country Zip Country

24 **33569** 25 **USA** 29 **33956-0300** 30 **USA**

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

09/16/1987 **02/07/1994**

4. FEI Number Applied For

59-2845081 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

9. Name and Address of Current Registered Agent

**ODOR, WILLIAM C.
5216 PALM RIVER RD
TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name **ODOR, WILLIAM C.**

82 Street Address (P.O. Box Number is Not Acceptable) **3065 SKIPPER LANE**

83

84 City **ST. JAMES CITY** FL 85 Zip Code **33956**

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 *William C. Odor* **WILLIAM CLYDE ODOR, PRESIDENT** **4-17-95**

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	DP
NAME	ODOR, WILLIAM CLYDE
STREET ADDRESS	5216 PALM RIVER RD
CITY - ST - ZIP	TAMPA FL
TITLE	DVS
NAME	ODOR, SANDRA LEE
STREET ADDRESS	5216 PALM RIVER RD
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ODOR, WILLIAM CLYDE
1.3 STREET ADDRESS	3065 SKIPPER LANE
1.4 CITY - ST - ZIP	ST. JAMES CITY, FL 33956-0300
2.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ODOR, SANDRA LEE
2.3 STREET ADDRESS	3065 SKIPPER LANE
2.4 CITY - ST - ZIP	ST. JAMES CITY, FL 33956-0300
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra Lee Odor* **SANDRA LEE ODOR, V** **4-17-95** **813-621-0010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Keytone Phone #)