

03011999-90252-021-\$300.00-\$150.00

MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90252 021 ***300.00

PROFIT

INCORPORATION.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K26456

1. Corporation Name

JOHN SODEC JR., INC.

Principal Place of Business

12 EGLIN PARKWAY S.E.
SUITE A
FORT WALTON BEACH FL 32548

Mailing Address

12 EGLIN PARKWAY S.E.
SUITE A
FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/14/1988

4. FEI Number

59-2896074

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMILLAN, JOSIE S.
13 WALLACE DRIVE
QUINCY FL 32351

81 Name

MCMILLAN, JOSIE S.

82 Street Address (P.O. Box Number is Not Acceptable)

216 LIVE OAK LANE

(ADDRESS CHANGED)

83

HAVANA, FL 32333

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME V
 STREET ADDRESS WATKINS, THOMAS J G
 CITY-ST-ZIP 13 BAY COVE DRIVE
SHALIMAR FL

1.1 TITLE SPT ☒ Change ☒ Addition
 1.2 NAME MCMILLAN, JOSIE S.
 1.3 STREET ADDRESS 216 LIVE OAK LANE
 1.4 CITY-ST-ZIP HAVANA, FL 32333

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Josie S McMillan

Jan 4-99

1-850-243-3102