

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90109 010 ***150.00

DOCUMENT # K28127

1. Corporation Name

CODY ACCOUNTING SERVICES, INC.



Principal Place of Business

% CHERYL ANN CODY
103 WILLING ST STE E
MILTON FL 32570

Mailing Address

% CHERYL ANN CODY
103 WILLING ST STE E
MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1988

4. FEI Number

59-2900456

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **4625 Pace Rd**

2a. Mailing Address

26 **4025 Pace Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Pace FL**

City & State

28 **Pace FL**

Zip

24 **32571**

Country

25 **Santa Rosa**

Zip

29 **32571**

Country

30 **Santa Rosa**

9. Name and Address of Current Registered Agent

**CODY, CHERLY ANN
103 WILLING ST STE E
MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

Pace

FL

85 Zip Code

32571

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

Cheryl A. Cody

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 ☐ DELETE

NAME **PT CODY, CHERYL ANN**

STREET ADDRESS **803 HEATHERWOOD WAY**

CITY-ST-ZIP **PACE FL**

TITLE ☐ DELETE

NAME **Director David Cody**

STREET ADDRESS **4601 Heatherwood Way**

CITY-ST-ZIP **4601 Pace FL 32571**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Cheryl A. Cody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

8509951740

Daytime Phone #

CR2E034 (11/98)

0539659