

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:42

DOCUMENT # N05467 (8)

1. Corporation Name
CODE-10, INC.

Principal Place of Business

PO BOX 1057
PERRY FL 32347

Mailing Address

PO BOX 1057
PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1984

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2448903

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREENE, EARLE
178 LANDRY RD
PERRY FL 32347

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BROOKS, KATHERINE

STREET ADDRESS

RT 3 BOX 260

CITY - ST - ZIP

PERRY FL

TITLE

D

NAME

GARRISON, MIKE

STREET ADDRESS

RT 3 BOX 260

CITY - ST - ZIP

PERRY FL

TITLE

D

NAME

WHIDDON, ROBIN

STREET ADDRESS

MILLINOR RD

CITY - ST - ZIP

PERRY FL

TITLE

D

NAME

HENDRY, ANNE

STREET ADDRESS

POTTS STILL RD

CITY - ST - ZIP

PERRY FL

TITLE

TO

NAME

OLCOTT, RICHARD

STREET ADDRESS

107 OSCEOLA ST

CITY - ST - ZIP

PERRY FL

TITLE

PD

NAME

GREENE, EARLE

STREET ADDRESS

178 LANDRY ROAD

CITY - ST - ZIP

PERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D
Washington, Cyronne
Rt 3 Box 260
Perry FL 32347

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D
Brown, Tonya
Rt 3 Box 260
Perry FL 32347

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard L Olcott
Richard L Olcott

4/8/95

Date

904
584-1426

Daytime Phone #