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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05467** (8)

1. Corporation Name

CODE-10, INC.

Principal Place of Business

Mailing Address

PO BOX 1057
PERRY FL 32347

PO BOX 1057
PERRY FL 32348-1057

3. Date Incorporated or Qualified **10/03/1984** 3a. Date of Last Report **04/05/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-2448903

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, EARLE
178 LANDRY RD
PERRY FL 32347

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **D** ☒ DELETE
NAME **WASHINGTON, CYRONNE**
STREET ADDRESS **RT 3 BOX 280**
CITY - ST - ZIP **PERRY FL**

TITLE **D** ☐ DELETE
NAME **BROWN, TONYA**
STREET ADDRESS **RT 3 BOX 280**
CITY - ST - ZIP **PERRY FL**

TITLE **D** ☐ DELETE
NAME **WHIDDON, ROBIN**
STREET ADDRESS **MILLINOR RD**
CITY - ST - ZIP **PERRY FL**

TITLE **D** ☐ DELETE
NAME **HENDRY, ANNE**
STREET ADDRESS **POTTS STILL RD**
CITY - ST - ZIP **PERRY FL**

TITLE **TD** ☐ DELETE
NAME **OLCOTT, RICHARD**
STREET ADDRESS **107 OSCEOLA ST**
CITY - ST - ZIP **PERRY FL**

TITLE **PD** ☐ DELETE
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

☐ Change ☐ Addition

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

☐ 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 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 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** 4/20/97 904-584-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0009137

CR2E037 (9/96)