2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000029384



FILED Mar 18, 2003 8:00 am Secretary of State

Zip Country Zip Country	. Entity Nam	DODS, INC.	,0000020004		03-18-2003 90068 039 ***150.00
Suite, Apt. #, etc. Check here is making changes City & State Country -5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent Name WILLIAMS, JACK G 502 HARMON AVE. PANAMA CITY FL 32401 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am temiliar with, are the obligations of registered agent and biol a suphabate. NOTE Registered Agent significant entires who in the State of Fiorida. I am temiliar with, are the obligations of registered agent and biol a suphabate. NOTE Registered Agent significant entires who in the State of Fiorida. I am temiliar with, are the obligations of registered agent, or both, in the State of Fiorida. I am temiliar with, are the obligations of registered agent, or both, in the State of Fiorida. I am temiliar with, are the obligations of registered agent, or both, in the State of Fiorida. I am temiliar with, are the obligations of registered agent, or both, in the State of Fiorida. I am temiliar with, are the obligations of registered agent, or both, in the State of Fiorida. I am temiliar with, are the obligations of registered agent, or both, in the State of Fiorida. I am temiliar with, are the obligations of registered agent, or both, in the State of Fiorida. I am temiliar with, are the obligations of registered agent, or both, in the State of Fiorida. I am temiliar with, are the obligations of registered agent, or both, in the State of Fiorida agent, or both, in the State of Fiorida agent agent and bed a suphabate. NoTE Registered Agent significant agent	41 S. TYNDAI	LL PKWY	141 S. TYNDALL PKWY		
City & State Country Special Country City Street Address of Current Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, ar the obligations of registered agent are time obligations of registered agent agent are time obligations of registered agent are time obligations of registered agent agent agent agent agent agent agent agent are time obligations of registered agent a	Principal Pl	lace of Business	3. Mailing Address		
City & State City & State City & State City & State Country Zip Country Zip Country Zip Se. 75 Acertificate of Status Desired. Acertificate of Status Desired. Se. 75 Acertificate of Status Desired. Acertificate A	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		— ☐ CHECK HERE IF MAKING CHANGES
So Name and Address of Current Registered Agent Street Address Status Desired Status	City & State	е	City & State		59531//38/
WILLIAMS, JACK G 502 HARMON AVE PANAMA CITY FL 32401 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, are the obligations of registered agent. SIGNATURE Signature Point or purded provider projected agent and the n appealable FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT NAME STREET ADDRESS CITY-ST-2P PANAMA CITY FL D BENKINS, DIANE F STREET ADDRESS CITY-ST-2P PANAMA CITY FL Change TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STR	Zip		_	Country	Not Applica -5. Certificate of Status Desired - Fee Required - Fee Required
WILLIAMS, JACK G 502 HARMON AVE. PANAMA CITY FL 32401 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, an the obligations of registered agent. Signature FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SITERI ADDRESS OITY-ST-ZIP PANAMA CITY FL Delete TITLE NAME SIREI ADDRESS OITY-ST-ZIP PANAMA CITY FL Delete TITLE NAME SIREI ADDRESS CITY-ST-ZIP Change Change Change TITLE NAME SIREI ADDRESS CITY-ST-ZIP TITLE NAME SIREI ADDRESS CITY-ST-ZIP Change Change Change TITLE NAME SIREI ADDRESS CITY-ST-ZIP TITLE NAME SIREI ADDRESS CITY-ST-ZIP Change Change Change TITLE NAME SIREI ADDRESS CITY-ST-ZIP TITLE CHANGE SIREI ADDRESS CITY-ST-ZIP TITLE CHANGE SIREI ADDRESS CITY-ST-ZIP TITLE CHANGE SIREI ADDRESS CITY-ST-ZIP CHANGE SIREI ADDRESS CITY-ST-ZIP CHANGE SIREI ADDRESS CITY-ST-ZIP CHANGE SIREI ADDRESS CITY-ST-ZIP CHANE		6. Name and Address of	Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				Name	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, an the obligations of registered agent. SIGNATURE SIGNATURE Signature visual or produce for registered agent and title if applicable. (NOTE: Registered Agent signature required when rematking) PAILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN IN INFORMATION CHANGES TO OFFICERS AND DIRECTORS IT IN INTERP				Street Addre	ss (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE JENKINS, ROGER D JENKINS, DIANE F AMME STREET ADDRESS CITY-ST-ZIP TITLE D JENKINS, DIANE F 3015 STATE AVE PANAMA CITY FL D JENKINS, DIANE F 3015 STATE AVE PANAMA CITY FL D JENKINS, DIANE F 3015 STATE AVE PANAMA CITY FL D JENKINS, DIANE F 3015 STATE AVE PANAMA CITY FL D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	PANAMA CITY FL 32401				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, an the obligations of registered agent. Signature			•	City	Zip Code
SIGNATURE Signature Signa	The above n	named entity submits this stat	tement for the purpose of changing	its registered office or regis	stered agent, or both in the State of Florida. Lam familiar with and agen
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME JENKINS, ROGER D STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	-	ons of registered agent.			_
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE D SIREET ADDRESS CITY-ST-ZIP TITLE NAME JENKINS, DIANE F STREET ADDRESS OITY-ST-ZIP PANAMA CITY FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A	S	Signature, typed or printed name of regist		OTE: Registered Agent signature requ	uired when reinstating) DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	After I	May 1, 2003 Fee will be \$5	550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S		OFFICE	RS AND DIRECTORS	11.	ADDITIONS (CHANGES TO DEFICEDS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE	EET ADDRESS 3	D JENKINS, ROGER D 3015 STATE AVE		TITLE NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TO Delete TITLE	EET ADDRESS 3	JENKINS, DIANE F 3015 STATE AVE		NAME STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Change	ET ADDRESS		☐ Delete	NAME STREET ADDRESS	
TITLE TOPICS TITLE	ET ADDRESS		□ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change	ET ADDRESS		□ Delete	STREET ADDRESS	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS SITY-ST-ZIP 12. 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	T ADDRESS ST-ZIP	tifu that the information		NAME STREET ADDRESS CITY-ST-ZIP	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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 10 or Block 11 if

SIGNATURE

IR POLGED TAKES - PRESIDENT

89.872-5204