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

DOCUMENT # P93000052088

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

ODOR EATERS OF FLA INC

ODON E	ATENS OF FEATING							
Principal Place	a of Rusiness	Mailing Address					AFILA PIDU AL)(B)
•		15307 AMBERLY DR						
15307 AMBERL SUITE 124	TUH	SUITE 124						
TAMPA FL 33647 TAMPA FL 33647						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		1
						07/26/1993		
2. Principal P	lace of Business	2a. Mailing Address	_			4. FEI Number		Applied For
21		26	_		u- <u>-</u>	59-3193375		Not Applicable
_ Suite, Apt.	#, etc.	Suite, Apt. #,,etc.		=		5. Certificate of Status Desired		5-Additional
22		27	_					Required
City & State	e	City & State				6. Election Campaign Financing		May Be
23		28			•	Trust Fund Contribution		ed to Fees
Zip	Country	Zip		ıntry		8. This corporation owes the current year Int	_	X No
24	25	29	30	T		Personal Property Tax.	∐ Yes	
	9. Name and Address of Curren	t Registered Agent	_	81	Name	10. Name and Address of New Registered	Agent	
CHE	HEV CODDON D			"	Maille			
SHELLEY, GORDON R 15307 AMBERLY DR				82 Street Address (P.O. Box Number is Not Acceptable)				
	TE 124			83				1
IAM	IPA FL 33647			84	City		85 Zi	ip Code
				$\perp \perp$		FL		it- registered
11. Pursuant	to the provisions of Sections 607.0507 registered agent	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the a uthorized	ibove- d by tl	-named corpo he corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoint	cnanging ntment as	registered
agent. I a	im familiar with a diaccept the obligat	tions of, Section 607.0505, Flo	rida Stat	utes.		ration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	a	a
SIGNATURE	Newy-	" CHORDOUT	7=	<u> </u>	<u>ELLE</u>	Y IKES. 4.13	, , , , 	
	eignature, type of or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·			signature required	when directating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TOPS IN 12
12.		D DELETE	13. 1.1 π			ADDITIONS/CHANGES TO OFFICERS AN	Chang	
TITLE	D CORPORA D							,
NAME	SHELLEY, GORDON R	•	1.2 N					
STREET ADDRESS	15307 AMBERLY DR SUITE 124	4			ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647		1 4 C	ITY-ST-	-ZIP			
TITLE	D						Chan	a C Addition
NAME	Shelley, Sandra N	☐ DELETE	2.1 ∏	m.E			☐ Chang	ge Addition
STREET ADDRESS		☐ DELETE	2.1 TI 2.2 N	ITLE IAME			☐ Chang	ge Addition
CITY-ST-ZIP	2508 HIGH OAKS LANE	☐ DELETE	2.1 TI 2.2 N 2.3 S	ITLE IAME TREET	ADDRESS		☐ Chang	ge Addition
TITLE			2.1 TI 2.2 N. 2.3 S 2.4 C	ITLE IAME TREET/ CITY-ST				
\$	2508 HIGH OAKS LANE	☐ DELETE	2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI	TREET / CITY-ST			Chang	
NAME	2508 HIGH OAKS LANE		2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N.	TTLE TREET/ CITY-ST TTLE TAME	-ZIP	,		
NAME STREET ADDRESS	2508 HIGH OAKS LANE		2.1 TI 2.2 No 2.3 S 2.4 C 3.1 TI 3.2 No 3.3 S	TREET/ TREET/ TILE AME	-ZIP ADDRESS			
)	2508 HIGH OAKS LANE	☐ DELETE	2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C	TREET / TREET / TREET / TREET / TREET / CITY-ST	-ZIP ADDRESS		Chang	ge Addition
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STREET ADDRESS	2508 HIGH OAKS LANE	☐ DELETE	2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N	TTLE TREET/ STY-ST STLE TAME STREET/ STREET/ STY-ST TTLE VAME	ADDRESS T-ZIP		Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE	2508 HIGH OAKS LANE LUTZ FL 33549	☐ DELETE	2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S'	TREET /	ADDRESSZIP ADDRESS		Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	2508 HIGH OAKS LANE LUTZ FL 33549	☐ DELETE	2.1 TT 2.2 N 2.3 S 2.4 C 3.1 TT 3.2 N 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C	TREET AME	ADDRESSZIP ADDRESS		☐ Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2508 HIGH OAKS LANE LUTZ FL 33549	☐ DELETE	2.1 TT 2.2 N 2.3 S 2.4 C 3.1 TT 3.2 N 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C 5.1 TT	TTLE TTLE TTLE TTLE TTLE TTLE TTLE TTLE	ADDRESSZIP ADDRESS		Chang	ge Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2508 HIGH OAKS LANE LUTZ FL 33549	☐ DELETE	2.1 TT 22 N 2.3 S 2.4 C 3.1 TT 32 N 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C 5.1 TT 5.2 N 5.3 S 5.4 C 6.1 TT	ITLE ITREET/ ITREET/ ITLE IAME ITREET/ ITLE ITREET/ ITLE ITTLE ITTLE ITTLE ITTLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Chang	ge Addition
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14. I hereby certify that the information supplied with his 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 suppliemental 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 receive 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 of an attribution of the corporation of the cor

6.4 CITY-ST-ZIP

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90105 030 ***150.00