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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000008908 (3)

1. Corporation Name
CODY CONST. INC.



Principal Place of Business
846 CHICKEN FARM ROAD
OSTEEN FL 32764
US

Mailing Address
POST OFFICE BOX 465
OSTEEN FL 32764-0465
US

3. Date Incorporated or Qualified 02/03/1994	3a. Date of Last Report 06/18/1996
4. FEI Number 59-3231146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, JEFF
846 CHICKEN FARM ROAD
OSTEEN FL 32764

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GREEN, JEFF	
STREET ADDRESS	P.O. BOX 465 N/A	
CITY - ST - ZIP	OSTEEN FL 32764	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JAMES OSBORN	
STREET ADDRESS	P.O. BOX 714	
CITY - ST - ZIP	OSTEEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOBBY D. HENSON	
STREET ADDRESS	P.O. BOX 465	
CITY - ST - ZIP	OSTEEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEVE SMITH	
STREET ADDRESS	P.O. BOX 344	
CITY - ST - ZIP	OSTEEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 ME	
1.3 SET ADDRESS	
1.4 O - ST - ZIP	
2.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 ME	
2.3 SET ADDRESS	
2.4 O - ST - ZIP	
3.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 ME	
3.3 SET ADDRESS	
3.4 O - ST - ZIP	
4.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 ME	
4.3 SET ADDRESS	
4.4 O - ST - ZIP	
5.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 ME	
5.3 SET ADDRESS	
5.4 O - ST - ZIP	
6.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 ME	
6.3 SET ADDRESS	
6.4 O - ST - ZIP	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

321-9092

CR2E034 (9/96)