## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTME STATE

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9400008908 (3)

## FILED Mar 25 1998 8:00am Secretary of State

CODY	CONST. INC.	` ,				; I sodineni kio doku bibli doku doku doku boku bi	NAN BOIN IBINA NON	<u> </u>		
946 CHICKEN OSTEEN FL 33 US	FARM ROAD	Mailing Address  POST OFFICE BOX 465  OSTEEN FL 32784  US		DO NOT WRITE IN	THIS SPACE					
						3. Date Incorporated or Qualified				
		V 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				02/03/1994		T		
	lace of Business	2a. Mailing Address				4. FEI Number	FEI Number         Applied For <b>59-3231146</b> Not Applicable			
Suite, Apt	# etc	26 Suite, Apt. #, etc.	Suite, Apl. #, etc.			1	- \$8.7	\$9.75 Additional		
22		27	<u>├</u>			5. Certificate of Status Desired L	• •	e Required		
City & State	9	City & State			8. Election Campaign Financing	<b>\$</b> 5.	00 May Be			
23		28				Trust Fund Contribution	Add	ded to Fees		
Zip	Country	Zip	Country			8. This corporation owes or has paid	Party .			
24	25   29   30   29   30   29   30   30   30   30   30   30   30   3		30	1		Personal Property Tax due June 30.				
		in negistored Agent		81	Name	10, Marillo dina Adarona or More Flogra	Auto rigorii			
GREEN, JEFF				L.L						
846 CHICKEN FARM ROAD				62	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
US1	TEEN FL 32764		63							
-				Ш						
_				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 repolitied ac	ment and title if armshoutsky (NO	F: Registera	d Ageni	signalure require	ed when reinstating)	DATE			
12.		ND DIRECTORS	13.	o Agon	a grand to to quite	ADDITIONS/CHANGES TO OFFICER		TORS IN 12		
TITLE	Р	DELETE	1.1 TITLE		T		1.01-			
NAME	GREEN, JEFF 1.2		1.2 N	AME		sent Green	(T) 4	;		
STREET ADDRESS	P.O. BÓX 465 N/A		1.3 \$	TREET A	DDRESS	846 Childen tap.	C F CV	;		
CITY-ST-ZIP	OSTEEN FL 32764		1.4 C	ITY-ST-	ZIP	Jeff Green 946 Childen FAD. OSTOR, F1,32	764			
TITLE	VP .	DELETE	2.1 TI	ITLE		·	¹ ∐ Cha	nge [_] Addition		
NAME :	JAMES OSBORN		2.2 N	AME						
STREET ADDRESS	P.O. BOX 714				DDRESS					
CITY-ST-ZIP	OSTEEN FL	DELETE		TR-YTK	- ZIP		Cha	nge Addition		
TITLE	vp Bobby D. Henson		3.1 TI					ige Li Addition		
NAME	P.O. BOX 485		3.2 NAME 3.3 STREET		oppree	P.O Bax 465 1	114			
STREET ADDRESS	OSTEEN FL			CITY-ST	1	(10 122)	.1			
CITY-ST-ZIP TITLE	VP	DELETE	4.1 1		- £IF		☐ Cha	nge Addition		
NAME	STEVE SMITH		4.21		-					
STREET ADDRESS	P.O. BOX 344		1		DDRESS					
CITY-ST-ZIP	OSTEEN FL			aty-St-	i					
TITLE		DELETE	5.1 TI	5.1 TITLE			☐ Cha	nge Addition		
NAME			5.2 N	IAME						
STREET ADDRESS			5.3 S	TREET A	DDAESS					
CITY-ST-ZIP			5.4 C	πy-ST-	- 21P					
TITLE		☐ DELETE	61 TI	ITLE			☐ Cha	nge Addition		
NAME			62 N							
STREET ADDRESS			6.3 S	TREET A	DORESS					
CITY-ST-ZIP 6  14. I hereby certify that the information supplied with this filing does not qualify for the				ITY-ST		0	alle and an exact if the state of	t the information		
14. I hereby (	certify that the information supplied	with this filing does not qualify t	or the ex	empti	on stated in	Section 119.07(3)(1), Florida Statutes. I ful	iner certity that	t the information		

14. 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 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 inflicting with an address.

CICNATURE.

Been Por 121.98