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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS 1999 P94000036848 DOCUMENT # 1. Corporation Name

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90300 019 ***150.00

HODAK	& ASSOCIATES, INC.					
Principal Bloo	o of Punipage	Mailing Address			do iiki o e ri o t letti ot	10 1 1011 1001
Principal Place		-		·	•	
711 58TH STREET S 711-58TH STREET S. SUITE #5 SUITE #5					•	
ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707				DO NOT WRITE IN TH	IS SPACE	
US US				3. Date Incorporated or Qualifed		
				05/16/1994		
	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21 3680	COQUINAKY LSE	26		59-3246149		Applicable
Suite, Apt.	ak & Associates, Inc.	Suit Rodak & Ass		5. Certificate of Status Desired	\$8.75 Ad	
22 Kou	UK & Passeumer, SE	27 3680 Coquina	Key Dr. SE		Fee Req	
City 85664	City & Scale Coquina Key Dr. SE 27 3680 (Coquina City & St. Peter sourg 23 St. Peter sourg		FL 33705	6. Election Campaign Financing	\$5.00 M	
		28	Country	Trust Fund Contribution	- Added to	rees
Zip ,	Country	Zip	Country	8. This corporation owes the current year I		JNo
24	9. Name and Address of Current		30	Personal Property Tax. 10. Name and Address of New Registere		
	3. Name and Address of Current	r registeren whent	81 Name	19. Halles and Parison of Hoth Hagistone		
ROD	AK, MICHAEL J					
SUITE #5			82 Street Addr	ress (P.O. Box Number is Not Acceptable) MICHAEL J. RODAK		1
SUIT	TE 7		83	3680 COQUINA KEY DR. S.	E.	
ST. I	PETERSBURG FL 33707	•		ST. PETERSBURG, FL 337	05	
, ,	_		84 City	F	85 Zip Co	ode
44 Dumunt	to the arminians of Sections 607 0502	2 and 607 1508. Florida Statute	 s the above-named corn	poration submits this statement for the purpose	of changing its m	egistered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as regi	stered
SIGNATURE			Registered Agent signature require	nd when reinstating) DATE	<u> 1 (1 (2021) 13 4 </u>	<u> </u>
12.	Signature, typed or printed name of registered egent		13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTOR	S IN 12
TITLE	D (> > >	DELETE	1.1 TITLE	ADDITIONO/OFFICE TO CITY OF THE PROPERTY OF TH	☐ Change	Addition
NAME	RODAK, MICHAEL J		1.2 NAME			1
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CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP			
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NAME					☐ Cilange	
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CITY-ST-ZIP 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 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: