

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000065394 (6)

1. Corporation Name

HODGES MANAGEMENT INC.

Principal Place of Business

1483 NOELL BLVD.
PALM HARBOR FL 34683

Mailing Address

1483 NOELL BLVD.
PALM HARBOR FL 34683



3. Date Incorporated or Qualified
09/07/1994

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

21 30657 US HWY 19 N

2a. Mailing Address

26 30657 US HWY 19 N

4. FEI Number

59-3266211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

City & State

23 PALM HARBOR, FL

27

City & State

28 PALM HARBOR, FL

24

Zip

34684

Country

25 USA

29

Zip

34684

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGES, THOMAS E
1483 NOELL BLVD.
SUITE 110
PALM HARBOR FL 34683

81 Name

THOMAS E. HODGES

82 Street Address (P.O. Box Number is Not Acceptable)

1483 NOELL BLVD.

83

84 City

PALM HARBOR

FL

85 Zip Code

34683

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 THOMAS E. HODGES PRES.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME HODGES, TOM
STREET ADDRESS 1483 NOELL BLVD.
CITY-ST-ZIP PALM HARBOR FL 34683

☐ DELETE

TITLE ST
NAME LISA R HODGES
STREET ADDRESS 1483 NOELL BLVD.
CITY-ST-ZIP PALM HARBOR FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME THOMAS E. HODGES
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE VP
3.2 NAME MARILYN J. JOHNSON
3.3 STREET ADDRESS 1403 BAYSHORE DR.
3.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lisa R. Hodges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

813-786-1231

Daytime Phone #

CR2E034 (12/95)