FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000019280 (3)**

1. Corporation Name

ALVIN D. ODOM INC.

Principal Place of Business	Mailing Address
7495 WREN DR. TALLAHASSEE FL 32310	7495 WREN DR. TALLAHASSEE FL 32310

3. Date Incorporated or Qualified: **03/09/1995**

3a. Date of Last Report: —

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: / 25:

2a. Mailing Address
26: Rt 10 Box 435
Suite, Apt. #, etc.
27: —
City & State
28: TALLAHASSEE FL
Zip / Country
29: 32310 / 30: USA

4. FEI Number: 59-3296165 ☐ 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

9. Name and Address of Current Registered Agent

ODOM, ALVIN D
~~7495 WREN DR.~~ Rt 10 Box 435
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Rt 10 Box 435
83
84 City: TALLAHASSEE, FL 85 Zip Code: 32310

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ODOM, ALVIN D		1.2 NAME		
STREET ADDRESS	~~7495 WREN DR.~~ Rt 10 Box 435		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ODOM, DONNA M		2.2 NAME		
STREET ADDRESS	7495 WREN DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ODOM, WALLACE A		3.2 NAME		
STREET ADDRESS	7495 WREN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, NEWLAND R		4.2 NAME		
STREET ADDRESS	7495 WREN DR.		4.3 STREET ADDRESS	000001810250 -05/07/96--01010--037 ***200.00	
CITY-ST-ZIP	TALLAHASSEE FL 32310		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ODOM, ALVIN D JR		5.2 NAME		
STREET ADDRESS	7495 WREN DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Donna M. Odom DONNA M. ODOM 4-15-96 904 576-8334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #