

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 # P95000048101 (6)

1. Corporation Name

ODD JOBS OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

5501 SULLIVAN ROAD
TALLAHASSEE FL 32310

5501 SULLIVAN ROAD
TALLAHASSEE FL 32310

6854 SKYROCK LANE
TALLAHASSEE, FL 32311

SAME

2. Principal Place of Business

2a. Mailing Address

21 6854 SKYROCK LANE

26 6854 SKYROCK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TALLAHASSEE, FL

28 TALLAHASSEE, FL

24 Zip

25 Country

29 Zip

30 Country

32311

LEON

32311

LEON

9. Name and Address of Current Registered Agent

PADGETT, TIMOTHY D
701 E TENNESSEE ST
TALLAHASSEE FL 32308

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
06/20/1995

3a. Date of Last Report
N/A

4. FEI Number

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

10. Name and Address of New Registered Agent

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

(If title of registered agent is required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME SEELEY, REED M SEELEY

STREET ADDRESS 5501 SULLIVAN ROAD

CITY-ST-ZIP TALLAHASSEE FL 32310

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME REED M. SEELEY SEELEY

1.3 STREET ADDRESS 6854 SKYROCK LANE

1.4 CITY-ST-ZIP TALLAHASSEE, FL 32311

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800001805208
-05/02/96--01033--003
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REED M. SEELEY

4-26-96

90A-841-4581