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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

1996 · P950  DOCUMENT # P950  1. Corporation Name  ODOM'S MILL TWO, INC.	00057984 (C	CORPORATIONS		
Principal Place of Business	Mollon Address			
2965 HARTLEY ROAD SUITE 106A	65 HARTLEY ROAD 2955 HARTLEY ROAD SUITE 106A SUITE 106A			
JACKSONVILLE FL 32257	JACKSONVILLE FL 3	201	3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report
. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3337595	Applied For Not Applicable
Suite Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ Country	7(p	Gountry 30	8. This corporation has liability for it	
25 9. Name and Address of Curre	معاريب من والمستعرب والمناسب المناسب والمناسبة	81 Name	10. Name and Address of New R	
Howell, William R II 2955 Hartley Road Suite 106a Jacksonville FL 32257		<ul><li>82 Street Addr</li><li>83</li><li>84 City</li></ul>	ess (P.O. Box Number is Not Acceptab	FI 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Soci IGNATURE</li> </ol>	rda Such change was authorize tion 607.0505, Florida Statutes.	ed by the corporation's boar	d of directors. I hereby accept the appo	intment as régistered agent. I am
Signature, type for protect needs of reporters larger  2. OFFICERS AN	ND DIRECTORS	16 Registered Agent signature required 13.	d when reinstating)  ADDITIONS/CHANGES TO OFFI	
HOWELL, WILLIAM R II 2955 HARTLEY ROAD	☐ D£LETE	1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
IY-SI-ZIF JACKSONVILLE FL 32257	<u> DELETE</u>	1.4 CITY - ST - ZIP 2 1 TILLE 2 2 NAME		Change Addition
ACELATURESS TY: ST-ZIP		2 3 STREET ADDRESS 2 4 City-St-Zip		
.F. ME. REFEARCHESS	DELETE	3 1 TIFLE  32 NAME  33 STREET ADDRESS		Change Addition
TY ST ZIP  AF  ME  BELL ADDRESS	☐ DELETE	3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS		Change Addition
TY - ST - ZIP LE MA	□ Date1£	4.4 C(TY - ST - ZIP 5.1 TIFLE 5.2 NAME	000017: -03/13/38010 ***200.00	11490  S40    nange   Addition
REFLADORESS LY ST ZIP LE	☐ DELETE	5 3 STREET ADDRESS 5 4 CITY-SE-ZIP 6 1 TITLE		☐ Change ☐ Addilion
en Reliatoress En 51 74		6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied certify that the information indicated on this and cally, that I am an officer or director of the corp appears in Block 12 or Block 13 if changed, or SIGNATURE:	iual report or supplemental annu oration or the receiver or trusted	ual report is true and accura e empowered to execute this	te and that my signature shall have the s report as required by Chapter 607, Fig.	same legal effect as if made under