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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000076931

1. Corporation Name
R.O.D. INVESTMENTS, INC.

Principal Place of Business 1171 SAWGRASS DRIVE GULF BREEZE FL 32561	Mailing Address 1171 SAWGRASS DRIVE GULF BREEZE FL 32561
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4455 Bayou Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 4455 Bayou Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/29/1995	4. FEI Number 59-3338652	Applied For Not Applicable
22 Ste. A City & State		27 Ste. A City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Pensacola, FL Zip Country		28 Pensacola, FL Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 32503		29 32503		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MOORHEAD, STEPHEN R 4300 BAYOUR BLVD. STES 12 & 13 PENASACOLA FL 32503				10. Name and Address of New Registered Agent 81 Name Donna M. Bloomer 82 Street Address (P.O. Box Number is Not Acceptable) 4455 Bayou Blvd., Ste. A 83 84 City Pensacola FL 85 Zip Code 32503			
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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 *Donna M. Bloomer* DATE **4-9-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE O'DONNELL, ROD 1171 SAWGRASS DRIVE GULF BREEZE FL 32561	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Receiver <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donna M. Bloomer 4455 Bayou Blvd., Ste. A Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE O'DONNELL, LAURA M 1171 SAWGRASS DRIVE GULF BREEZE FL 32561	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE: *Donna M. Bloomer* **3-26-99** **850-494-0250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORP-324 (1/1/99)