

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P95000093621 (7)

1. Corporation Name
BODI COMPANY, INC.



Principal Place of Business

3801 CYPRESS GARDENS RD
SUITE 1
WINTER HAVEN FL 33884
US

Mailing Address

P.O. BOX 38
CYPRESS GARDENS FL 33884-0038
US

2. Principal Place of Business

21 238 Spirit Lake Road West
Suite, Apt. #, etc.

22 Suite 3

City & State

23 Winter Haven, FL

Zip

24 33880

Country

25 US

2a. Mailing Address

26 238 Spirit Lake Road West
Suite, Apt. #, etc.

27 Suite 3

City & State

28 Winter Haven, FL

Zip

29 33880

Country

30 US

3. Date Incorporated or Qualified

12/07/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3349457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

HUCKERY, DINA E
3801 CYPRESS GARDENS RD
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name

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

6723 Crews Wood Lane

83

84 City
Lakeland

FL

85 Zip Code

33813

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

April 25, 1997

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HUCKERY, DINA E.
STREET ADDRESS 6723 CREWS WOOD LANE
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

ZIP -33813

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

April 25, 1997 (941) 200-6060

CR2E034 (9/96)