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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093621 (7)

BODI COMPANY, INC.

Principal Plac	e of Business	Mailing Address					
230 SPIRIT LI SUITE 3 WINTER HAVI	ake road west En Fl 33880	238 SPIRIT LAKE SUITE 3 WINTER HAVEN			DO NOT WRITE IN THIS SPACE		
US		U\$			3. Date Incorporated or Qualified		
9 Principal P	Place of Business	2a. Mailing Addre	266		12/07/1995 4, FEI Number Applied Fo		
21	lace of Eddinioss	26	133		59-3349457 Not Applied 10		
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		SR 75 Additions		
22		27			5. Certificate of Status Desired Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible		
24	[25]	[29]	30		Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curr	rent Registered Agent		B1 Name	10. Name and Address of New Registered Agent		
	ICKERY, DINA E		į	Ivanie			
6723 CREWS WOOD LANE LAKELAND FL 33813			82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
LA	KELANU FL 33813		ŀ	B3			
			Į				
			ĺ	B4 City	FL 85 Zip Code		
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florid	a Statutes, the ah	ove-name			
office or	registered agent, or both, in the Ste	ate of Florida. Such chan	ge was authorized	by the co	ed corporation submits this statement for the purpose of changing its register corporation's board of directors. I hereby accept the appointment as register		
	ım tamıllar with, and accept the obl	ligations of, Section 607.	2505, Florida Stati	nes.			
SIGNATURE	Signature, typed or printed name of registered	agent and litte if applicable	(NOTE: Registered	Agent signatur	ture required when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DE	LETE 1.1 TIT	.E	D/P 👿 Change 🗆 Add		
NAME	HUCKERY, DINA E.		1.2 NA	ME			
STREET ADDRESS	6723 CREWS WOOD LANE		1.3 STI	ieet address	s		
CITY-ST-ZIP	LAKELAND FL			Y-ST-ZIP			
TITLE		□ DE			D/V Change X Add		
NAME	1		2.2 NA	ME	Huckery, Thomas E.		
STREET ADDRESS			2.3 STI	EET ADDRESS	S 6723 Crews Wood Lane		
CITY-ST-ZIP		П ве		Y-ST-ZIP	Lakeland, FL 33813		
TITLE		. DE			Change Add		
NAME			3.2 NA	-	. [
STREET ADDRESS				EET ADDRESS	SS		
CITY-ST-ZIP		DE		Y-ST-ZIP	☐ Change ☐ Add		
TITLE		<u> </u>			Change CJ Add		
NAME ATOMET ADDRESS			4. 2 N/				
STREET ADDRESS				EET ADDRESS	»		
CITY-ST-ZIP TITLE		DE DE		Y-ST-ZIP	☐ Change ☐ Add		
NAME	I	<i>\</i> _ <i>\</i> \	2.1111				
HANNE.			E 7 8181				
CIDEET ADDRESS			5.2 NA	ME			
STREET ADDRESS			5.3 ST	ME Eet address	ss		
STREET ADDRESS CITY-ST-ZIP TITLE		[] D€	5.3 STF 5.4 CIT	ME IEET ADDRESS Y~ST~ZIP	S Change Add		

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.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

STREET ADDRESS

mo E

- Quelange

4-20-91

(941)299-6960

FILED

Apr 29 1998 8:00am

Secretary of State

CR2E034 (10/97)