

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # P96000012517 (4)

1. Corporation Name

CODY CONTRACTING, INC.

Principal Place of Business

Mailing Address

1109 OREGON AVE.
ST. CLOUD FL 34769

1109 OREGON AVE.
ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2351 Canoe Creek Rd
Suite, Apt. #, etc.

22

City & State

23 St. Cloud, FL

Zip

24 34772

Country

25 Osceola

2a. Mailing Address

26 2351 Canoe Creek Rd
Suite, Apt. #, etc.

27

City & State

28 St. Cloud, FL

Zip

29 34772

Country

30 Osceola

9. Name and Address of Current Registered Agent

ADKINS, ROBERT L
1109 OREGON AVE.
ST. CLOUD FL 34769

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

59-3357329

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Robert Derrek Adkins

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

2351 Canoe Creek Rd.

83

84 City

St. Cloud

FL

85 Zip Code

34772

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

Robert Derrek Adkins

(NOTE: Registered Agent signature required when reinstating)

1-15-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME
ADKINS, ROBERT L
STREET ADDRESS
1109 OREGON AVE.
CITY-ST-ZIP
ST. CLOUD FL 34769

TITLE ☐ DELETE

D
NAME
ADKINS, ROBERT D
STREET ADDRESS
1109 OREGON AVE.
CITY-ST-ZIP
ST. CLOUD FL 34769

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D
NAME
Robert L Adkins
1.3 STREET ADDRESS
2351 Canoe Creek
1.4 CITY-ST-ZIP
St. Cloud, FL 34772

2.1 TITLE ☒ Change ☐ Addition

President
NAME
Robert Derrek Adkins
2.3 STREET ADDRESS
2351 Canoe Creek Rd.
2.4 CITY-ST-ZIP
St. Cloud, FL 34772

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

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

SIGNATURE: *Robert Derrek Adkins* Robert Derrek Adkins 1-15-98 407-957-0983

CR2E034 (10/97)