


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1012

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000038395 (5)**
1. Corporation Name
ODOM INVESTMENTS AND CONSULTING, INC.

FILED
97 AUG -5 PM 2:18

SECRETARY OF STATE



Principal Place of Business
**12353 CLEAR LAGOON TRAIL
JACKSONVILLE FL 32246**

Mailing Address
**12353 CLEAR LAGOON TRAIL
JACKSONVILLE FL 32246**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8460 Gulf Blvd. Suite, Apt. #, etc. 22 #303 City & State 23 Navarre Beach, FL Zip 24 32566 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report N/A
				4. FEI Number 59-3376892	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ODOM, ELLEN S 12353 CLEAR LAGOON TRAIL JACKSONVILLE FL 32246		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8460 Gulf Blvd. 83 #303 84 City Navarre Beach FL 85 Zip Code 32566	
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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 Ellen S. Odom, Registered Agent DATE 7-26-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ellen S. Odom 8460 Gulf Blvd, #303 Navarre Beach, FL 32566 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100002261991--9 -08/08/97--01108--004 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gary D. McCormick 8460 Gulf Blvd. #303 Navarre Beach, FL 32566 <input type="checkbox"/> DELETE	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 8-7-97
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 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 Ellen S. Odom, President DATE 7-26-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (4/97)

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Odom Investments & Consulting, Inc.

8460 Gulf Blvd., # 303
Navarre Beach, Florida 32566

Cellular Phone/Pager - (850) 803-3767
Office - (850) 939-7766

July 26, 1997

Ms. Amy Allen
Annual Report Division
Department of State, Division of Corporations
PO Box 6327
Tallahassee, FL 32302

**RE: Odom Investments and Consulting, Inc.
Document # P96000038395 (5)**

Dear Ms. Allen:

Thank you for your time and your acceptance of our annual report. Per our telephone conversation, we established our business in May of last year and have been in the process of moving to the Navarre, Florida area. We did not receive notice of the annual report, nor did we know of the deadline until we received the second notice.

We are appreciative of your willingness to accept our request for waiver of the late fee from our "Mom & Pop" business, as cash flow is low from the expense of relocating and re-establishing our business in this area.

Please find enclosed our check in the amount of \$165.00.

Sincerely,



Ellen Odom, President
Registered Agent

cc: file

attachments