

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000061237 (8)

1. Corporation Name
ODOM BROTHERS, INC.

Principal Place of Business
4825 EAST CARROLL ROAD
LAKELAND FL 33801

Mailing Address
4825 EAST CARROLL ROAD
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

59-3459514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 NA

2. Principal Place of Business
21 201 Valencia Dr.

2a. Mailing Address
26 201 Valencia Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Auburndale, FL

27 City & State
28 Auburndale FL

24 Zip 33823 25 Country POLK

29 Zip 33823 30 Country POLK

9. Name and Address of Current Registered Agent

ODOM, MYRA JEAN
4825 EAST CARROLL ROAD
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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
Michelle R. Odom

3-1-98

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	PO	<input type="checkbox"/> DELETE
NAME	ODOM, JOHN HAROLD	
STREET ADDRESS	238 ANARECE AVENUE	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODOM, LILA	
STREET ADDRESS	238 ANARECE AVENUE	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ODOM, JAMES HENRY	
STREET ADDRESS	201 VALENCIA DRIVE	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODOM, MICHELLE R	
STREET ADDRESS	201 VALENCIA DRIVE	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ODOM, KEVIN JEROME	
STREET ADDRESS	631 DUNCAN CIRCLE	
CITY-ST-ZIP	EAST AUBURNDAL FL 33823	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODOM, PAIGE ANN	
STREET ADDRESS	631 DUNCAN CIRCLE	
CITY-ST-ZIP	EAST AUBURNDAL FL 33823	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michelle R. Odom

Michelle R. Odom

3-1-98

941-965-8053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0411650

CR2E034 (10/97)