Applied For

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000086476

1. Corporation Name

J.R. ODOM, INC.

Principal Place of Business

Mailing Address

715 SLOANS RIDGE ROAD GROVELAND FL 34736

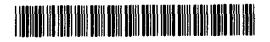
2. Principal Place of Business

715 SLOANS RIDGE ROAD GROVELAND FL 34736

2a. Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90207 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/07/19984. FEI Number

21	age of Business	26			59-3536895		No.	ot Applicable	
Suite, Apt. 7	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional		
22	27		•	_	5. Certifcate of Status Desired		Fee R	equired	
City & State	e City & State				6. Election Campaign Financing			May Be	
23	28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Inta			
24	25 29 30			Personal Property Tax. A Yes 10. Name and Address of New Registered Agent				□No	
	9. Name and Address of Current	81	Name	10. Name and Address of New F	egistered A	gent			
ODOM, JIMMY R 715 SLOANS RIDGE ROAD GROVELAND FL 34736				Name					
				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
CHOACTAIN LE 94190			ြီ						
			84	City		FI	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at					and the state of t		hoosies its	registered	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, Florida, Such change was auth	the above orized by t	-named co the corpora	rporation submits this statement for the tion's board of directors. I hereby accep	purpose of o t the appoin	inanging its tment as re	gistered	
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutés.	•				Ì	
SIGNATURE Storature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				signature requ	ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12	
TITLE	D OFFICERS AND	DELETE 1.1 TO			NBB Weller (1)		Change	Addition	
NAME	ODOM, JIMMY R		1.2 NAME						
STREET ADDRESS	715 SLOANS RIDGE ROAD		1.3 STREET	ADORESS					
	The second secon		1,4 CITY- ST					1	
CITY-ST-ZIP TITLE	PST	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	ODOM, JIMMY R		2.2 NAME	1				ļ	
STREET ADDRESS	715 SLOANS RIDGE ROAD		2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP					
TITLE	P		3.1 TITLE				Change	☐ Addition	
NAMÉ			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		[] DELETE	4.1 TITLE				☐ Change	Addition	
NAME	•		4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S1	-ZIP					
πne		☐ DÉLÉTE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAME					}	
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS		,	6.3 STREET	ADDRESS					
CITY-ST-ZIP	[·.		6.4 CITY-ST	r-ZIP					
	pertify that the information supplied with	this filing does not qualify for th	e exemnti	on stated in	Section 119 07/3\(i) Florida Statutes	I further cert	ify that the	information	

4. 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, with all other like empowered.

SIGNATURE

SIGNATURE REGIONALE OF SIGNING OFFICER OF DIRECTOR

4-28-99

2-429-3545 Daytime Phone # CR2E034 (11/98