

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90056 002 \*\*\*158.75

**ODEN CONTRACTING, INC.**

Principal Place of Business

Mailing Address

1949 SW 67TH DR.  
OKEECHOBEE FL 34974

1949 SW 67TH DR.  
OKEECHOBEE FL 34974-3322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0869922

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ODEN, DONNIE  
1949 SW 67TH DR.  
OKEECHOBEE FL 34974

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P	ODEN, DONNIE 1949 SW 67TH DR OKEECHOBEE FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
V	ODEN, BILLYE 1949 SW 67TH DR OKEECHOBEE FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
S	ODEN, BILLYE 1949 SW 67TH DR OKEECHOBEE FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
T	ODEN, DONNIE 1949 SW 67TH DR OKEECHOBEE FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donnie Oden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 04/02/2000 (863) 763-8454

Date

Daytime Phone #

CR2E034 (9/99)