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

FILED
Mar 23, 1999 8:00 am
Secretary of State
03-23-1999 90065 017 ***158.75

DOCUMENT # **V48433**

1. Corporation Name
ODUM CONSTRUCTION CO. OF PALM BEACHES, INC.

Principal Place of Business	Mailing Address
242 N. WARE DRIVE WEST PALM BEACH FL 33409 US	242 N. WARE DRIVE WEST PALM BEACH FL 33409 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/02/1992

4. FEI Number: 65-0346715 ☐ Applied For ☒ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4152 W. Blue Heron Blvd	26 4152 W. Blue Heron Blvd
22 Suite, Apt. #, etc. #115	27 Suite, Apt. #, etc. #115
23 City & State Riviera Beach, FL	28 City & State Riviera Beach, FL
24 Zip 33404 25 Country Palm Bch	29 Zip 33404 30 Country Palm Bch.

9. Name and Address of Current Registered Agent

ODUM, MICHAEL J.
242 N. WARE DRIVE
WEST PALM BEACH FL 33409

New Mailing →

10. Name and Address of New Registered Agent

81 Name: Odum Michael J.
82 Street Address (P.O. Box Number is Not Acceptable): 4152 W. Blue Heron Blvd
83: #115
84 City: Riviera Beach FL 85 Zip Code: 33404

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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	ODUM, KEVIN L.		1.2 NAME	Odum, Kevin L.	
STREET ADDRESS	242 N. WARE DRIVE		1.3 STREET ADDRESS	4152 W. Blue Heron Blvd #115	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	P	☐ DELETE	2.1 TITLE	P	☐ Change ☐ Addition
NAME	ODUM, MICHAEL J.		2.2 NAME	Odum, Michael J.	
STREET ADDRESS	242 N. WARE DRIVE		2.3 STREET ADDRESS	4152 W. Blue Heron Blvd. #115	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		2.4 CITY-ST-ZIP	Riviera Beach FL 33404	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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-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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Michael J. Odum 3/16/99 561-841-9877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)