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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V62694** **(7)**

1. Corporation Name
**H. HODGE & CO., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~500 ATLANTIC BLVD~~<br>~~ATLANTIC BEACH FL 32233~~ | ~~500 ATLANTIC BLVD~~<br>~~ATLANTIC BEACH FL 32233-4057~~ |

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 07/03/1996

4. FEI Number: 59-3144401 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 5143 COLONIAL AVENUE | 26 1112 THIRD STREET |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 SUITE 7 |
| City & State 23 JACKSONVILLE FL | City & State 28 NEPTUNE BEACH |
| Zip 24 32210 Country 25 DUVAL | Zip 29 32266 Country 30 US |

**9. Name and Address of Current Registered Agent**

HODGE, HOMER E.
5143 COLONIAL AVENUE
JACKSONVILLE FL 32210

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HODGE, HOMER E. | | 1.2 NAME | | |
| STREET ADDRESS | 5143 COLONIAL AVENUE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | HODGE, DOROTHY S. | | 2.2 NAME | | |
| STREET ADDRESS | 202 GATEHOUSE DR. | | 2.3 STREET ADDRESS | 5143 COLONIAL AVENUE | |
| CITY-ST-ZIP | ST MARYS GA 31558 | | 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32210 | |
| 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 | | |

CR2E034 (9/96)

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: [illegible]