	20 0141100		Certificate of Status Des	ineu. No
Name and A	ddress of Current Registered Agent:			
PABODY ENTE 5233 FOREST GRACEVILLE, I	DRIVE			
The above named	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fl	orida.
SIGNATURE	E: STEVE G. PABODY			02/09/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PD	Title	VPD	
Name	PABODY, STEVE G	Name	PABODY, STEVE	
Address	5233 FOREST DRIVE	Address	5233 FOREST DRIVE	
City-State-Zip:	GRACEVILLE FL 32440	City-State-Zip:	GRACEVILLE FL 32440	
Title	STD			
Name	PABODY, HAZEL			
Address	5233 FOREST DRIVE			
City-State-Zip:	GRACEVILLE FL 32440			

#### Na

# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. PD

#### SIGNATURE: STEVE G PABODY

Electronic Signature of Signing Officer/Director Detail

## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P04000030792

Entity Name: PABODY ENTERPRISES, INC.

### **Current Principal Place of Business:**

5233 FOREST DRIVE GRACEVILLE. FL 32440

# **Current Mailing Address:**

5233 FOREST DRIVE GRACEVILLE. FL 32440 US

# FEI Number: 20-0741765

FILED Feb 09, 2019 **Secretary of State** 9661035598CC

Certificate of Status Desired: No

02/09/2019

Date