

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

DOCUMENT # 316353 (2)

1. Corporation Name
TONY WOODS AGENCY, INC.

50 MAY -1 AM 12: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2184 MAIN STREET SARASOTA FL 34237-6024

Mailing Address: 2184 MAIN STREET SARASOTA FL 34237-6024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	26. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State of Inc.	26. State of Inc.	05/02/1967	05/01/1994
22. City & State	27. City & State	4. FEI Number	Applied For
23. City	28. City	59-1289533	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		7. This corporation has liability for intangible tax under 5-199.017, Florida Statute	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARK W. WOODS 6301 SPYGLASS LN. BRADENTON FL 34202		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	
		FL B5 Zip Code	

11. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation fulfills the statement for the purpose of changing its registered office or registered agent as 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 applicable provisions of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (4)
NAME: P WOODS, MARK W. 6301 SPYGLASS LN. BRADENTON FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VP MICHAEL H. WOODS 302 POINSETTIA RD. NOKOMIS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: S MICHAEL H. WOODS 302 POINSETTIA RD. NOKOMIS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: T MARK W. WOODS, 6301 SPYGLASS LN. BRADENTON FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1773 Bay View Dr.
Sarasota FL 34239

1773 Bay View Dr
Sarasota, FL 34239

14. I, the undersigned, being the officer or director of the above named corporation, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that the same information is true and correct to the best of my knowledge and belief. I am familiar with and accept the applicable provisions of the Florida Statutes, and that my duties as an officer or director of this corporation require me to provide this information as required by Chapter 197, Florida Statutes, and that my duties as an officer or director of this corporation require me to provide this information as required by Chapter 197, Florida Statutes, and that my duties as an officer or director of this corporation require me to provide this information as required by Chapter 197, Florida Statutes.

SIGNATURE: MARK W. WOODS

6-1-AS (813) 955-4175