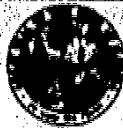


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 602719

(7)

1. Corporation Name

DEWOODY & CO., P. A.

**APPROVED
AND
FILED**

95 APR 19 AM 1:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**288 VIA MARILA
PALM BEACH FL 33480**

Mailing Address

**288 VIA MARILA
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1971

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1315372

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**

7. This corporation has liability for intangible tax under S. 119.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 509 ENGLETON COVE TRACE

Suite, Apt. #, etc.

2a. Mailing Address

2a 509 ENGLETON COVE TRACE

Suite, Apt. #, etc.

City & State

23 PALM BEACH GARDENS FL

City & State

2b PALM BEACH GARDENS FL

Zip

24 33418

Country

25 USA

Zip

29 33418

Country

30 USA

9. Name and Address of Current Registered Agent

**DEWOODY, DONALD K
288 VIA MARILA
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name

DONALD K DEWOODY

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

509 ENGLETON COVE TRACE

83

84 City

PALM BEACH GARDENS FL

85 Zip Code

33418

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

DONALD K DEWOODY

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDS
DEWOODY, DONALD K
288 VIA MARILA
PALM BCH. FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**PDS
DONALD K DEWOODY
509 ENGLETON COVE TRACE
PALM BEACH GARDENS FL 33418**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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:

DONALD K DEWOODY

DONALD K. DEWOODY

4/13/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(only)

(Type in 14222)