

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 630112 (1)**  
 1. Corporation Name  
**WOOD MOTORS SOUTH, INC.**



Principal Place of Business <b>8425 US 19 PT RICHEY FL 34668-6644</b>	Mailing Address <b>8425 US 19 PT RICHEY FL 34668-6644</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/19/1979</b>	3a. Date of Last Report <b>02/12/1996</b>
21	22	26	27	4. FEI Number <b>59-1935632</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RAYMOND, JOHN J, JR</b> <b>1200 NORTH FEDERAL HWY.</b> <b>STE. 411</b> <b>BOCA RATON FL 33432</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, DONALD C</b>	1.2 NAME	
STREET ADDRESS	<b>380 SHORES DRIVE</b>	1.3 STREET ADDRESS	<b>2003 COVE DRIVE</b>
CITY-ST-ZIP	<b>VERO BCH. FL</b>	1.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAYMOND, JOHN J, JR</b>	2.2 NAME	
STREET ADDRESS	<b>1200 N. FEDERAL HWY., STE. 411</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	2.4 CITY-ST-ZIP	<b>ZIP CHANGE - 33432</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WOOD, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>8425 U.S. 19</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	<b>ZIP - 34668</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Thomas R. Wood* **Thomas R. Wood, Pres 4/17/97** **813 848-0688**

CP2E034 (9/96)