

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **637120** (7)

1. Corporation Name
THE WOOD STOVE, INC.



Principal Place of Business Mailing Address
2031 NW 6 ST GAINESVILLE FL 32609 **2031 NW 6 ST GAINESVILLE FL 32609**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **09/24/1979** 3a. Date of Last Report **04/06/1995**
4. FEI Number **59-1938338** 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

9. Name and Address of Current Registered Agent
DUGGAN, MARION JEAN
2031 NW 6 ST
32609

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 officer 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 _____ DATE _____
Signature of the person named as registered agent and the applicable date. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
PD **DUGGAN, M. JEAN (S)**
918 N.W. 40 DR.
GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY ST ZIP
T **DUGGAN, KERRY M.**
211 NW 33RD AVENUE
GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE 12 NAME
13 STREET ADDRESS 14 CITY - ST - ZIP
2 1 TITLE 22 NAME
23 STREET ADDRESS 24 CITY - ST - ZIP
3 1 TITLE 32 NAME
33 STREET ADDRESS 34 CITY - ST - ZIP
4 1 TITLE 42 NAME
43 STREET ADDRESS 44 CITY - ST - ZIP
5 1 TITLE 52 NAME
53 STREET ADDRESS 54 CITY - ST - ZIP
6 1 TITLE 62 NAME
63 STREET ADDRESS 64 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 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: *Jan Duggan Jean Duggan* 1/19/96 (352) 371-9535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Phone #

CR2E034 (12/95)