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03-03-1999 90108 017 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 658263

1. Corporation Name
AKIRA WOOD, INC.



Principal Place of Business
**619 SOUTH MAIN STREET
P O BOX 321
GAINESVILLE FL 32602**

Mailing Address
**619 SOUTH MAIN STREET
P O BOX 321
GAINESVILLE FL 32602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1980

4. FEI Number

59-1997257

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**TOVKACH, WALTER M.
527 E. UNIVERSITY AVE.
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name

Steven M. Chamberlain

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

618 N.E. 1st St.

83

84 City

Gainesville

FL

85 Zip Code

32601

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **RUEGGER, TERRY K.**
STREET ADDRESS **619 SOUTH MAIN STREET**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **S** ☒ DELETE
NAME **SAPP, DAVID C.**
STREET ADDRESS **619 SOUTH MAIN STREET**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **Glenn A. Shitama**
1.3 STREET ADDRESS **619 S. Main St.**
1.4 CITY-ST-ZIP **Gainesville, FL. 32601**

2.1 TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
2.2 NAME **Gale Brobst**
2.3 STREET ADDRESS **619 S. Main St.**
2.4 CITY-ST-ZIP **Gainesville, FL. 32601**

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

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/1/99

352-375-0691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)