

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 5:42

DOCUMENT # N93000005259 (7)

1. Corporation Name
ANGELWOOD, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800001519108
-06/21/95--01041--016
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10837 CHEATHAM TRAIL JACKSONVILLE FL 32224 P.O. BOX 551004 JACKSONVILLE FL 32255

3. Date Incorporated or Qualified 11/19/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3212078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26		
22	27		
23	28		
24	25	29	30

9. Name and Address of Current Registered Agent
FOX, SALLY W
9780 CREEKFRONT ROAD, #204
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name Sally W. Fox
82 Street Address (P.O. Box Number is Not Acceptable) 5329 Sidesaddle Drive
83
84 City Jacksonville FL 85 Zip Code 32257

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: *Sally W. Fox* 4/17/95
Signature of current registered agent and fee # applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUGAN, VICKI 1314 PRUDENTIAL DR. JACKSONVILLE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	D Dumbleton, Duane 101 W. State Street Jacksonville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAIRCLOTH, GERALD P.O. BOX 37045 N/A JACKSONVILLE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D D Grambling, Nadine 11801 Industry Drive Jacksonville FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STRICKLAND, SANDY 1 RIVERSIDE AVE. JACKSONVILLE FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	D D Wise, Steve (State Rep.) PO Box 7914 N/A Jacksonville, Fla 32238-0914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HIGHTOWER, BEN 1514 NIRA STREET JACKSONVILLE FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	D D Yohn, Theresa 1070 E. Adams St Jacksonville, Fla 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTERS, KATHLEEN 6 PABLO DR. PONTE VEDRA FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	D D Corey, Elizabeth 2325 Buttonwood Drive Jacksonville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORTUNE, JULIA 9787 IVEY ROAD JACKSONVILLE FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	D D Jones, Iris 223 E. Bay St. Jacksonville, Fla <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 110.07(3)(a), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/18/95
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE