FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000675 (7)**

1. Corporation Name
THE FAYE WOOLF COMPANY

Principal Place of Business	Mailing Address
127-B BIDDLE LOOP WEST POINT NY 10996 US	127-B BIDDLE LOOP WEST POINT NY 10996 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1993**
3a. Date of Last Report: **08/10/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-3189153** ☐ 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

COCHRAN, J F
US HIGHWAY 98
ST TERESA FL

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 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 _____ DATE
Signature, typed or printed name of registered agent and the date as required. (NOTE: Registered Agent's signature required where applicable.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	WOOLF, FAYE C.	12 NAME	
STREET ADDRESS	127-B BIDDLE LOOP	13 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT NY	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	COCHRAN, JAMES F. I	22 NAME	
STREET ADDRESS	HWY 98, P. O. BOX 1064 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	CARRABELLE FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	COCHRAN, FAYE C.	32 NAME	
STREET ADDRESS	HWY 98, P. O. BOX 1064 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	CARRABELLE FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	WOOLF, WILLIAM D.	42 NAME	
STREET ADDRESS	127-B BIDDLE LOOP	43 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT NY	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 13 if changed, or on an attachment with an address.

SIGNATURE: Faye C. Woolf FAYE C. WOOLF - PRESIDENT 5-1-95 (914)446-4615
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0476000 FP