

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 # P93000062811 (3)

1. Corporation Name

NATURAL WOODLANDS DEVELOPMENT, INC.



Principal Place of Business: US 19 SOUTH & PADGETT RD PERRY FL 32347
Mailing Address: PO BOX 261 PERRY FL 32347

3. Date Incorporated or Qualified 09/09/1993	3a. Date of Last Report 04/27/1995
4. FEI Number 59-3200844	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MINCY, JIMMY US 19 SOUTH & PADGETT ROAD PERRY FL 32347		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 or director (typed) (DATE: _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MINCY, JIMMY	1.2 NAME	Mincy, Jimmy
STREET ADDRESS	404 EAST ELM STREET	1.3 STREET ADDRESS	310 Bishop Blvd
CITY-ST-ZIP	PERRY FL	1.4 CITY-ST-ZIP	Perry, FL
TITLE	V	2.1 TITLE	V
NAME	MINCY, NANCY	2.2 NAME	Mincy, Nancy
STREET ADDRESS	404 EAST ELM STREET	2.3 STREET ADDRESS	310 Bishop Blvd
CITY-ST-ZIP	PERRY FL	2.4 CITY-ST-ZIP	Perry, FL 32347
TITLE	ST	3.1 TITLE	
NAME	MINCY, JIMMY R JR	3.2 NAME	
STREET ADDRESS	RT. 1 BOX 546	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *Jimmy Mincy* Jimmy Mincy, President 01/17/96 904/584-8523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (PHONE NUMBER)

CR2E034 (12/95)