

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000088491 (3)**

1. Corporation Name

**FLORIDA WOODLANDS ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

~~3001 S.E. 28TH ROAD  
 OCALA FL 34471~~

~~3001 S.E. 28TH ROAD  
 OCALA FL 34471~~

2. Principal Place of Business

2a. Mailing Address

21 **8403 Tomoka Run**

26 **8403 Tomoka Run**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Lakeland, FL**

28 **Lakeland, FL**

24 Zip

25 Country

29 Zip

30 Country

**33809**

**USA**

**33809**

**USA**

3. Date Incorporated or Qualified

**11/30/1994**

3a. Date of Last Report

**07/18/1995**

4. FEI Number

**59-3288772**

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

**LEWIS, MICHAEL B  
 3001 S.E. 28TH ROAD  
 OCALA FL 34471**

81 Name

**Lewis, Michael B.**

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

**8403 Tomoka Run**

83

84 City

**Lakeland**

**FL**

85 Zip Code

**33809**

10. Name and Address of New Registered Agent

SIGNATURE

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

(501) Registered Agent signature required when it is changed

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>D LEWIS, MICHAEL B</b>	<b>8403 TOMOKA RUN</b>	<b>LAKELAND FL 33809</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Michael B. Lewis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael B. Lewis 7-31-96 941 4564601**  
 DATE DATE AND PHONE NUMBER

CR2E034 (3/96)