

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 # P95000020092 (9)

1. Corporation Name

H.L. WOODS DISTRIBUTORS, INC.



Principal Place of Business

**724 GRANT AVE.
MOUNT DORA FL 32757**

Mailing Address

**724 GRANT AVE.
MOUNT DORA FL 32757**

3. Date Incorporated or Qualified

03/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 **38638 Marshall St.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **38638 Marshall St.**
Suite, Apt. #, etc.

4. FEI Number

59-3343203

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

City & State

23 **Umatilla Fl.**

City & State

28 **Umatilla Fl.**

Zip

Country

24 **32784**

Zip

Country

29 **32784**

30

9. Name and Address of Current Registered Agent

**PASKIET, SHERRIE L
2502 E. ORANGE AVE.
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name

Herbert L. Woods

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

38638 Marshall St.

83

84 City

Umatilla

FL

85 Zip Code

FL 32784

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

Herbert L. Woods (President)

4/28/96

Signature, type or print name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when registering.)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOODS, HERBERT L	
STREET ADDRESS	724 GRANT AVE.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	WOODS, MARCHELLE	
STREET ADDRESS	724 GRANT AVE.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Woods, Herbert L	
1.3 STREET ADDRESS	38638 Marshall St.	
1.4 CITY-ST-ZIP	Umatilla Fl. 32784	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	woods, marchelle	
2.3 STREET ADDRESS	38638 Marshall St.	
2.4 CITY-ST-ZIP	Umatilla Fl. 32784	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

Herbert L. Woods

Signature and typed or printed name of signing officer or director

4/28/96 352-669-9473

Date Daytime Phone #

CR2E034 (12/95)