

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 1995 11:00

DOCUMENT # **V29721** (0)

1. Corporation Name:  
**R. S. WOOD, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**2085 ANDERA LANE** **2085 ANDERA LANE**  
**STE. #4** **STE. #4**  
**FT. MYERS FL 33912** **FT. MYERS FL 33912**  
**US** **US**

3. Date Incorporated or Qualified **04/13/1992** 3a. Date of Last Report **04/28/1994**

4. FEI Number **65-0356105** 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 §. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHENKO, WILLIAM E JR.**  
**6100 ESTENO BLVD.**  
**P.O. BOX 2579**  
**FT. MYERS FL 33932**

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

Signature (typed or printed name of registered agent and fee applicator)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**PT**  
**WOOD, ROBERT L**  
**129 NE 10TH PL**  
**CAPE CORAL FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**SD**  
**WOOD, ROBERT L**  
**129 NE 10TH PL**  
**CAPE CORAL FL**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**W**  
**WOOD, SUSAN L**  
**129 NE 10TH PL**  
**CAPE CORAL FL**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

Change  Addition

*Deceased*

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

Change  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)(b), 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:

*Robert L Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert L Wood**

**5-30-95** 941 482 8866  
Date (Typed Name)

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1995



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Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V29799 (6)**

1. Corporation Name:  
**DTA CONSULTANTS, INC.**

Principal Place of Business: **10320 MARBLE EGRET DR JACKSONVILLE FL 32257**  
Mailing Address: **10320 MARBLE EGRET DR JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/14/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-4120657</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>DAVES, DIANE L. 10320 MARBLE EGRET DR JACKSONVILLE FL 32257</b>				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PS</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVES, DIANE L.</b>	12 NAME	
STREET ADDRESS	<b>10320 MARBLE EGRET DR</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	14 CITY, ST, ZIP	
TITLE	<b>VT</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVES, TERRY B.</b>	22 NAME	
STREET ADDRESS	<b>10320 MARBLE EGRET DR</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane L. Daves* **DIANE L. DAVES** 6/1/95 (904) 292-9810