

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 # P93000016456 (4)

1. Corporation Name

JEFFWOOD, INC.



Principal Place of Business

Mailing Address

P.O. BOX 3729
PLANT CITY FL 33564

P.O. BOX 3729
PLANT CITY FL 33564

3. Date Incorporated or Qualified

03/01/1993

3a. Date of Last Report

06/06/1995

2. Principal Place of Business

21 P.O. Box 3749
Suite, Apt. #, etc.

22

23 Plant City, FL
City & State

24 33564 3749
Zip

25 Hills.
Country

2a. Mailing Address

26 P.O. Box 3749
Suite, Apt. #, etc.

27

28 Plant City, FL
City & State

29 33564 3749
Zip

30 Hills.
Country

4. FEI Number

59-3169661

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing

☐

\$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

DAVID M. WOOD
101 S. W. 15th Ave.
Suite 100
Tampa, FL 33602

10. Name and Address of New Registered Agent

81 Name

Samantha J. DeAmbrose

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

15431 Plantation Oaks Dr. #12

83

84 City

Tampa

FL

85 Zip Code

33647

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

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

Samantha J. DeAmbrose Director 2/29/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DEAMBROSE, SHERWOOD
STREET ADDRESS 4609 REECE RD
CITY - ST - ZIP PLANT CITY FL 33567

TITLE D ☐ DELETE
NAME DEAMBROSE, SAMANTHA J
STREET ADDRESS 15431 PLANTATION OAKS DR #12
CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samantha J. DeAmbrose

2/29/96

(813) 754-1152

Date

Daytime Phone #

CR2E034 (12/95)