

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # **K89875** (4)

1. Corporation Name
WOODBROOK DEVELOPMENT, INC.



Principal Place of Business

**556 HIGH OAKS CT
3551 N. MERIDIAN RD.
TALLAHASSEE FL 32312
US**

Mailing Address

**556 HIGH OAKS CT
3551 N. MERIDIAN RD.
TALLAHASSEE FL 32312-1248
US**

3. Date Incorporated or Qualified
05/22/1989

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2950400

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

2. Principal Place of Business

21 **556 High Oaks Court**

Suite, Apt. #, etc.

2a. Mailing Address

26 **556 High Oaks Court**

Suite, Apt. #, etc.

22 City & State

23 **Tallahassee Florida**

Zip

24 **32312**

Country

25 **U.S.**

27 City & State

28 **Tallahassee Florida**

Zip

29 **32312**

Country

30 **U.S.**

8. Name and Address of Current Registered Agent

**PUMPHREY, JAMES E.
556 HIGH OAKS CT
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
PUMPHREY, JAMES E.
STREET ADDRESS
556 HIGH OAKS CT
CITY-ST-ZIP
TALLAHASSEE FL

1.2 TITLE ☐ DELETE

NAME
PUMPHREY, JAMES E.
STREET ADDRESS
556 HIGH OAKS CT
CITY-ST-ZIP
TALLAHASSEE FL

1.3 TITLE ☐ DELETE

NAME
PUMPHREY, JAMES E.
STREET ADDRESS
556 HIGH OAKS CT
CITY-ST-ZIP
TALLAHASSEE FL

1.4 TITLE ☐ DELETE

NAME
PUMPHREY, JAMES E.
STREET ADDRESS
556 HIGH OAKS CT
CITY-ST-ZIP
TALLAHASSEE FL

1.5 TITLE ☐ DELETE

NAME
PUMPHREY, JAMES E.
STREET ADDRESS
556 HIGH OAKS CT
CITY-ST-ZIP
TALLAHASSEE FL

1.6 TITLE ☐ DELETE

NAME
PUMPHREY, JAMES E.
STREET ADDRESS
556 HIGH OAKS CT
CITY-ST-ZIP
TALLAHASSEE FL

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James E. Pumphrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Pumphrey

Date

Daytime Phone #

4/6/97 904-893-6906

CR2E034 (9/96)