

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 164922 (7)
1. Corporation Name
WOODCOCK-KOGER CORPORATION



Principal Place of Business

4500 SALISBURY RD
STE 160
JACKSONVILLE FL 32216
US

Mailing Address

4500 SALISBURY RD
STE 160
JACKSONVILLE FL 32216-0900
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
04/20/1951

3a. Date of Last Report
04/16/1996

4. FEI Number
59-0643667

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

PADGETT, DONALD A
4500 SALISBURY RD
STE 160
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name Donald A. Padgett
82 Street Address (P.O. Box Number is Not Acceptable) 3740 St Johns Bluff Rd, Ste 5
83
84 City Jacksonville FL 85 Zip Code 32224

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]*
Signature typed or printed name of registered agent is on file. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE 1/6/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	KOGER, IRA M	4500 SALISBURY RD, STE 160	JACKSONVILLE FL	<input type="checkbox"/>
S	FLORA B HORNE	4500 SALISBURY ROAD, SUITE 160	JACKSONVILLE FL	<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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
1.1	Dora M. Koger	3740 St Johns Bluff Rd, Ste 5	Jacksonville, FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1	Flora B. Horne	3740 St Johns Bluff Rd, Ste 5	Jacksonville, FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>
7.1				<input type="checkbox"/>	<input type="checkbox"/>
8.1				<input type="checkbox"/>	<input type="checkbox"/>

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: *Flora B. Horne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 904/296-3366
DATE (Corporate Print)

CR2E034 (9/96)