


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

FILED

Apr 07 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 # 333277 (2)			
1. Corporation Name WOODED ACRES INC.			
Principal Place of Business 10115 SE HWY 441 BELLEVUE FL 34420 US		Mailing Address 10115 SE HWY 441 BELLEVUE FL 34420-2808 US	
2. Principal Place of Business 21 10115 S.E. Highway 441 Suite, Apt. #, etc. 22 City & State 23 BELLEVUE, FLA. Zip Country 24 34420 25 U.S.A.		2a. Mailing Address 26 10115 S.E. Highway 441 Suite, Apt. #, etc. 27 City & State 28 BELLEVUE, FLA. Zip Country 29 34420 30 U.S.A.	
3. Date Incorporated or Qualified 08/01/1968		3a. Date of Last Report 04/08/1996	
4. FEI Number 59-2095438		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HARRELL, DON D. 10115 SE HWY 441 BELLEVUE FL 34420		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			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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: DIANA S. HARRELL 4-297 352-245-4444			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0439313			

CR2E034 (9/96)