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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 348906

(9)

BURT WOODRUFF, INC.

Principal Place of Business

1625 FLAMINGO DR.

Mailing Address

1625 FLAMINGO DR.

FILED Apr 13 1998 8:00am Secretary of State



ORLANDO FL 32903		ORLANDO FL 32803		DO NOT WRITE IN THI	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
		r	·-·	07/01/1969		
2. Principal Pla		2a. Mailing Address	ILLS A	1) £ 4. FEI Number	Applied For	
21 935	C.S. MILLS AVE		TYM W	59-1264187	Not Applicable \$8.75 Additional	
Suife, Apl. #	7, 81C.	Suite, Apt #, etc.		5. Certificate of Status Desired	Fee Required	
City & State		City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be	
23 OR.	LANDO, FL	28 ORLAND	O, rL	Trust Fund Contribution	Added to Fees	
Zip Country Country Zip Zip Zip			Country	8. This corporation owes or has paid the o		
24 32806	-1308 25 UKANGE	29132806-1308 30	ORANG	Personal Properly Tax due June 30. 10. Name and Address of New Registere	Yes No	
54 N						
PTLEM, CALVIN M.			$\bot E$	YLER, CALVIII K.		
ORLANDO FL 32803			82 Street	Address (P.O/Box Number is Not Acceptable)	•	
OnL	ANDO I C SEGOS		83 7-3			
			84 City		85 Zin Code	
			117	<i>PRLANDO</i> F	L 32806-1308	
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE .				required where reinstaling) DATE		
12.	Signature, typed or privided issue of registerio agost a OFFICERS AND I		13.	required wher reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	ŠT OT ISTANDI	DELETE	11 TITLE	ST +	Change Addition	
NAME	FYLER, JEANETTE B.		1.2 NAME	FYLER, JEANETTE B.	,	
STREET ADDRESS	1625 FLAMINGO DRIVE		1.3 STREET ADDRESS	935 S, MILLS AVE.		
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CHY-ST-ZIP	ORLANDO, FL 328	06-1308	
TITLE	P	DELETE	2.1 TITLE	P	Change Addition	
NAME	FYLER, CALVIN R		2.2 NAME	IFYLER CALVEY		
STREET ADDRESS	1625 FLAMINGO DRIVE		2.3 STREET ADDRESS	1335 SIME TO 210 51	201-1208	
CITY-ST-ZIP	ORLANDO FL 32803	Poteste	2. 4 CITY- ST- 7IP	OKLANDO, FL 32	Change Addition	
TITLE		DELETE	3.1 1171.6	'	C Cusade C Vontroll	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY+ST+ZIP			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4,3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TOLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 C(TY-ST-ZIP			
TITLE		☐ DELFTE	6.1 TITLE		Change Addition	
NAME	•		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	odify that the information consider and	this filing done not qualify for t	6.4 CHY-ST-ZIP		certify that the information	
14. I 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						