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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # OFC

Principal Place of Business	Mailing Address
1110 N HWY 41	P O BOX 1002
NVERNESS FL 34450	MT DORA FL 32756-1002
US	U\$

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90011 024 ***150.00

1. Corporation	OODS, INC.			٠		
Principal Place of Business Mailing Address					D INDIAN IIIDI RIITI KAITI ANIM RIINA IIII AIAIL AIAIL MINN AIAIL NINN AIAIL AIAIL AIAIL IA	1
1110 N HWY 41 INVERNESS FL 34450 US		P O BOX 1002 MT DORA FL 32756-1002 US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 07/29/1969	
2. Principal Place of Business 2a. Mailing Address				4, FEI Number Applied For	┦,	
21	1				59-1271217 Not Applicable	e
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27			Fee Required	4
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible	7
24	25	29	30		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent	ᅱ
	9. Name and Address of Curren	r Registered Agent	8	1 Name	TO. Name and Address of Non-Nogleton at Agent	╡
HOUCK, BETTE C 34505 HAMMOND LANE EUSTIS FL 32736		8	•	dress (P.O. Box Number is Not Acceptable)	\dashv	
		8	3			
	110 1 2 02.00					-
			8	4 City	FL 85 Zip Code	
agent. I a	m familiar with, and accept the obligat	t and title if applicable. (NOTE	Registered A	es. 	tion's board of directors. I hereby accept the appointment as registered	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ion
TITLE	DP	☐ DELETE	1.1 TITLE			·
NAME	HOUCK, JAMES H		1.2 NAM			
STREET ADDRESS	34505 HAMMOND LANE			ET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32736	☐ DELETE	1.4 CITY 2.1 TITLE		☐ Change ☐ Addit	ion
TITLE	ST HOUCK, BETTE C		2.2 NAM			
NAME STREET ADDRESS	34505 HAMMOND LANE		2.3 STREET			Ì
CITY-ST-ZIP	EUSTIS FL 32736			/-ST-ZIP	·	
TITLE	D	☐ DELETE	3.1 TITLE .		☐ Change ☐ Addit	ion .
NAME ,	HOUCK, JAMES D		3.2 NAME			
STREET ADDRESS	AATOO UEDIAONE	3.3 STREET		EET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720			/-ST-ZIP		
TITLE	D	☐ DELETE			Change Addi	.ion
NAME	HOUCK, THOMAS C		4. 2 NAM			
STREET ADDRESS			1	EET ADDRESS	•	- [
CITY-ST-ZIP	INVERNESS FL 32651	□ DELETE		-ST-ZIP	☐ Change ☐ Addii	ion
TITLE	D	DELETE	5.1 TITLE 5.2 NAME		· .	
NAME	HOUCK, JOHN W	ON, JOHN W		EET ADDRESS		-
STREET ADDRESS	ADDRESS 343 DELIVIOIAT-24					
CITY-ST-ZIP	CHICAGO IL 60657	☐ DĒLĒTĒ	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addi	ion
TITLE		المادة فيها	6.2 NAM			
NAME STREET ADDRESS				EET ADDRESS		
			-			- 1

6.4 CITY-ST-ZIP 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 of 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, with all other like empowered.