2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# 351416

Entity Name: MILTON J. WOOD COMPANY

Current Principal Place of Business:

3805 FAYE ROAD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

PO BOX 26829
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-1276579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, MARK S
3805 FAYE ROAD
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: NEMETH, ANNMARIE
Address: 1197 NATURES HAMMOCK ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32259

Title: CEOD ( ) Delete
Name: WOOD, MARK S
Address: 1286 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete
Name: TANKERSLEY, DAVID
Address: 322 OAK GROVE ISLAND DRIVE
City-St-Zip: BRUNSWICK, GA 31523

Title: P ( ) Delete
Name: COLE, MARK H
Address: 2322 FOXHAVEN DR W
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete
Name: NELSON, BRUCE
Address: 1394 CANOPY OAKS DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: VP (X) Delete
Name: NETTLES, BARRY D
Address: 1718 CEDAR BAY RD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNMARIE NEMETH SECR 07/09/2009

Electronic Signature of Signing Officer or Director Date