

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**  
08-25-1999 90007 002 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 386346**  
1. Corporation Name  
**WOOLEY'S IGA, INC.**

Principal Place of Business 111 PARSHLEY ST. P.O. BOX 936 LIVE OAK FL 32060	Mailing Address 111 PARSHLEY ST. P.O. BOX 936 LIVE OAK FL 32060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/03/1971	
21		26		4. FEI Number 59-1363560	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOLLEY, LEONA S 111 PARSHLEY ST LIVE OAK, FL 32060				10. Name and Address of New Registered Agent 81 Name: Wooley, John G. 82 Street Address (P.O. Box Number is Not Acceptable): 407 S. Ohio Ave. 83 P.O. Box 936 84 City: LIVE OAK, FLA. FL 85 Zip Code: 32060			
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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: John S. Wooley DATE: 8/19/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHINGS, PATRICIA M			1.2 NAME			
STREET ADDRESS	111 PARSHLEY ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK, FL 00000			1.4 CITY-ST-ZIP			
TITLE	PDS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	MARGARET T. Wooley <sup>Vice Pres.</sup> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WOOLEY, LEONA S			2.2 NAME	407 S. Ohio Ave		
STREET ADDRESS	111 PARSHLEY ST			2.3 STREET ADDRESS	LIVE OAK, Florida		
CITY-ST-ZIP	LIVE OAK, FL 00000			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	Pres. Director, Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOOLEY, JOHN G			3.2 NAME	Wooley, John G.		
STREET ADDRESS	407 S OHIO AVE			3.3 STREET ADDRESS	407 S. Ohio Ave P.O. Box 936		
CITY-ST-ZIP	LIVE OAK, FL 00000			3.4 CITY-ST-ZIP	LIVE OAK, FLA - 32060		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: John S. Wooley DATE: 8/19/99  
**NOTARIAL SEAL REQUIRED** 850-980-1199 850-413-5847

CR2E034 (5/99)