FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90060 008 ***150.00

DO NOT WRITE IN THIS SPACE

Mailing Address

SUITE 100

212 SOUTH CENTRAL

ST LOUIS MO 63105

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 446671

1. Corporation Name

Principal Place of Business

8120 S. SUNCOAST BLVD.

HOMOSASSA FL 34446

SOUTHERN WOODS, INCORPORATED

	US							3. Date ir corporated or Qualifed					
							02/20/1974						
Principa Place of Business Za. Mailing Address								4. FEI Number			J—	Applied For	
	Vest Marion Avenue	26					59-1574130					Not Applicable	
Suite, Apt.	_	Suite, Apt. #, etc.					5. Certifo	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
2 Suite		27 Ott. 9 Otata											
City & State		City & State						6. Election Campaign Financing Trust Fund Contribution			•	O May Be d to Fees	
	Gorda, FL	Zip Cou						8. This corporation owes the curre				d to reas	
Zip	Country				ıy			•		ent year inte	angible □Yes	والملو	
33950	9. Name and Address of Current	29 Pagistared A				30		Personal Property Tax.					
	3. Name and Address of Current	registered A	Jenit .	8	11	Name							
MOORE, JAMES E III					_				 				
1625	W MARION AVE		8	82 Street Address (P.O. Box Number is Not Acceptable)									
STE		8	83										
PUN	ra gorda fl 33950												
						City	_			FI	85 Zi	p Code	
14 Durana at	to the provisions of Sections 607.0502	and 607 1509	Florida Statu	es the abo	We-	named corn	oration subm	its this	statement for the	purpose of	changing	its registered	
office or re	egistered agent, or bo'h, in the State of m familiar with, and accept the obligati	Florida. Such	change was a	iuthorized b	y ti	he corporati	on's board of	c irecto	ors. I hereby accer	ot the appoin	ntment as	registered	
SIGNATURE								-	, 	DATE			
40	Signature, typed or printed name of registered agent		. (NOT	13.	gent	signature require	ed when reinstating		CHANGES TO OF		D DIREC	TOES IN 12	
12.	PD OFFICERS AND	DIRECTORS	DELETE	1.1 TITLE	=						Chang		
TITLE	SCHIFFER, LAURENCE A			1,2 NAM							-		
NAME	212 SOUTH CENTRAL, SUITE 10	M.				ADDRESS						:	
STREET ADDRESS	ST LOUIS MO	IU		1,4 CITY			Zip	is	63105				
TITLE	SCD		DELETE	2.1 TITLE		-211			· ·		Chang	e Addition	
	LOVE, ANDREW S., JR.			2.2 NAM								_	
NAME	212 SOUTH CENTRAL, SUITE 10	10				ADDRESS							
STREET ADDRE 3S	ST LOUIS MO	,,		2.4 CITY			Zin	is	63105				
CITY+ST-ZIP	AST		☐ DELETE	3.1 TITUS		-212	<u></u>		03103		Chang	e Addition	
TITLE	CLEMENT, GLORIA D.			3.2 NAM							، سر		
NAME	212 SOUTH CENTRAL SUITE 10	n				ADDRESS							
STREET ADORESS	ST LOUIS MO	U		3.4. CITY		1	7in	ie	63105				
CITY-ST-ZIP	AT AT		DELETE	4.1 TITLE		-21		[.3	03103		Chang	e Addition	
TITLE NAME	KOVARIK, ANNETTE			4.2 NAM		[
	212 SOUTH CENTRAL SUITE 10	n				ADDRESS							
STREET ADDRESS	ST LOUIS MO	•		43 5 IN			Zin	ie	63105				
CITY-ST-ZIP TITLE	VI LOUID INO		DELETE	5.1 TITLE		- 2.07	<u></u>				Chang	je Addition	
				5.2 NAM							•		
NAME						ADDRESS							
STREET ADDRE IS				54 CITY		i							
CITY-ST-ZIP TITLE			DELETE	61 TITL							Chang	e Addition	
NAME			_	6.2 NAM	E								
STREET ADDRESS				6.3 STRE	EET.	ADDRESS							
				6.4 CITY									
14. I hereby o	ertify that the informat on supplied with	this filing doe	s not qualify for	r the exem	ptic	on stated in	Section 119.0	7 3)(i)	, Florida Statutes.	I further cer	tify that th	e 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, with a J other like empowered.													

Shout Climent Glina D. Clement
ATTER AND TYPED OR I RINTED NAME OF SIGNING OFFICEF OR DIRECTOR