

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 466705 (1)

95 JAN 24 AM 9:45

1. Corporation Name
WOODBURY AND ASSOCIATES, P.A.

Principal Place of Business 2817 W. MORRISON AVE TAMPA FLORIDA 33629-5334 9	Mailing Address 2817 W. MORRISON AVE TAMPA FLORIDA 33629-5334 9
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 2817 W. MORRISON AVE.		2a. Mailing Address 25 2817 W. MORRISON AVE.		3. Date Incorporated or Qualified 12/28/1974	3a. Date of Last Report 04/18/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-1566176	Applied For ☐ Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24 Zip 33629-5334 25 Country		29 Zip 33629-5334 30 Country		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent COURS, RICHARD E. 4123 NORTH MEADOW CIRCLE TAMPA FL 33624		10. Name and Address of New Registered Agent	
		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WOODBURY, CHARLES E.	1.2 NAME	
STREET ADDRESS	2819 W. MORRISON AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	WOODBURY, ROSEMARY	2.2 NAME	
STREET ADDRESS	2819 W. MORRISON AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COURS, RICHARD E.	3.2 NAME	
STREET ADDRESS	4123 NORTH MEADOW CIRCLE	3.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: Charles E. Woodbury 16 JAN 1995 813/877-6672
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES E. WOODBURY