

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 487926 (8)

1. Corporation Name

WOOWORKS, INC.

Principal Place of Business

3823 S.W. 3RD AVE.
GAINESVILLE FL 32607

Mailing Address

3823 S.W. 3RD AVE.
GAINESVILLE FL 32607



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SHEEHAN, THOMAS J.
3823 S.W. 3RD AVE.
GAINESVILLE FL 32607

3. Date Incorporated or Qualified

10/17/1975

3a. Date of Last Report

02/10/1995

4. FET Number

52-1047786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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

(Signature of Tax Agent or other person authorized to receive notices)

(Signature of Registered Agent or other person authorized to receive notices)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

PD

☐ DELETE

NAME

SHEEHAN, THOMAS J.

STREET ADDRESS

3823 S.W. THIRD AVE.

CITY-STATE-ZIP

GAINESVILLE FL

2. TITLE

D

☐ DELETE

NAME

SHEEHAN, MARION RUFF

STREET ADDRESS

3823 S.W. THIRD AVE.

CITY-STATE-ZIP

GAINESVILLE FL

3. TITLE

D

☐ DELETE

NAME

SHEEHAN, THOMAS JEROME

STREET ADDRESS

3823 S.W. THIRD AVE.

CITY-STATE-ZIP

GAINESVILLE FL

4. TITLE

D

☐ DELETE

NAME

SHEEHAN, MARIAN LYN

STREET ADDRESS

3823 S. W. THIRD AVENUE

CITY-STATE-ZIP

GAINESVILLE FL

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 119.07(2)(g), Florida Statutes. I further certify that the information included 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 registered or authorized agent 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: *Thomas J. Sheehan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. SHEEHAN

3-14-96

352-376-9673

CR2E034 (12/95)