FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 501850

(2)

FILED May 08 1998 8:00am Secretary of State

WOOD	COMPANY, INC.								
Principal Place	e of Business	Mailing Ac	ddress	.,,,,,,,			-{ LOBALA SITIN OBIET NIGOL FALIO OLINI OBILL OHOLF CIDIN O	foll bibli old	
4161 118TH AVE N 4161 118TH AVE N									
QLEARWATER FL 34622 CLEARWATER FL 34622							DO NOT WRITE ALTINO O	2405	
							DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualified	ACE	
							04/26/1976		
2. Principal Place of Business 2a. Mailing Address						.,	4. FEI Number		pplied For
21		├ ──	26				59-1669512	· · · · · · ·	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						Additional
22			7				5. Certificate of Status Desired		equired
City & State	е	City &	City & State				6. Election Campaign Financing	\$5.00	May Be
28							Trust Fund Contribution Added to Fees		
Zip	Country	Zip	, ·			8. This corporation owes or has paid the curre			
24]	[25]	[29]		30			Personal Property Tax due June 30.		_ No
	g, Name and Address of Currer	it Hegistered A	gent	<u>-</u>	81	Name	10. Name and Address of New Registered A	gent	
	HINSON, TRYGVE N.			Ľ		INATIO			
4161 118TH AVE., NORTH				6	32	Street Addre	Address (P.O. Box Number is Not Acceptable)		
Gu	EARWATER FL 34622			-	33	·			
					~				Ì
				6	84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 050	12 and 607 1508	Etorida Statut	es the abo	OVA-r	named corpo		hanging i	ts registered
office or r	egistered agent, or both, in the State	of Florida, Such	change was	authorized	by th	he corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appo	intment as	registered
	in tantillar with, and accept the oblig	anons or, section	n 607.0305, FR	orida Statui	165.				
SIGNATURE	Signatura, hyped or printed name of registered ag-	ent and title if applicat:	in (NO)	F Registered /	Agent	signature require	d when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	CP		DELETE	1.1 TITL	E			Change	Addition
NAME	JOHNSON, TRYGVE N.			1.2 NAM	Æ	ŀ			ļ
STREET ADDRESS	10135 118TH AVE., NORTH			1.3 \$TRE	EET AD	ODRESS			l
CITY-ST-ZIP	LARGO FL			1.4 CITY	_	ZIP			
TITLE	VST DELETE			2 1 TITL	2 1 TITLE		L	Change	Addition
NAME	JOHNSON, ROGER			2 2 NAM	1E	1			
STREET ADDRESS	800 79TH ST. S.			2.3 STRE	EET AD	DRESS			ļ
CITY-ST-ZHP	ST. PETERSBURG FL		Delete	2. 4 CIT		ZIP		7.65	11.4.4.6
TITLE			☐ DELETE	3.1 TITLE			L	Change	☐ Addition
NAME				3.2 NAM		20100			
STREET ADDRESS				3 3 STRE					ļ
CITY-ST-ZIP TITLE			DELETE	3.4 CITY		ZIP		Change	Addition
NAME			_ otter	4. 2 NAA			•		
STREET ADDRESS				4.3 STRE		UUDECC			
CITY-ST-ZIP				4.4 CITY					-
TITLE			DELETE	5 1 TITL				Change	Addition
NAME				52 NAM	1E	ļ			İ
STREET ADDRESS				5.3 STRE	EET AD	DRESS			
CITY-ST-ZIP				5.4 CITY	- ST - 2	ZiP			
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAM	BE.				
STREET ADDRESS				63 STRE	ET AD	ORESS			
CITY-ST-ZIP				6.4 CITY	-				
14. I hereby o	ertify that the information supplied w	rith this filing doc	es not qualify for	or the exem	nptio	n stated in S	Section 119.07(3)(i), Florida Statutes. I further cert	ify that the	information

officer or director of the corporation or suppliemental aphual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receipt 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 open appears in address.