

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 537175****(2)**

1. Corporation Name

WOODY'S PROP SHOP, INC.

Principal Place of Business

11320 SYLVAN GREEN LANE
RIVERVIEW FL 33569
US

Mailing Address

11320 SYLVAN GREEN LANE
RIVERVIEW FL 33569
US**APPROVED
AND
FILED**
95 MAR 10 PM 9:39
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/14/1977

3a. Date of Last Report

03/02/1994

4. FEI Number

59-1803205

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. 199.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOD, DONALD L.
11320 SYLVAN GREEN LANE
RIVERVIEW FL 33569**

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **WOOD, LORRAINE E B**
STREET ADDRESS **11320 SYLVAN GREEN LN**
CITY-ST-ZIP **RIVERVIEW, FL 00000**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE **D**
NAME **WOOD, MARY JANE**
STREET ADDRESS **7747 DANU DR**
CITY-ST-ZIP **ORLANDO, FL 00000**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE **D**
NAME **MARTIN, JOHN**
STREET ADDRESS **555 PINECREST DR.**
CITY-ST-ZIP **BARTOW FL**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE **TD**
NAME **WOOD, STEVEN H**
STREET ADDRESS **105 APPLE BLOSSOM COURT**
CITY-ST-ZIP **ORLANDO, FL 00000**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE **VD**
NAME **MARTIN, ANN**
STREET ADDRESS **555 PINECREST DR.**
CITY-ST-ZIP **BARTOW FL**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE **P**
NAME **WOOD, DONALD L**
STREET ADDRESS **11320 SYLVAN GREEN LN**
CITY-ST-ZIP **RIVERVIEW, FL 00000**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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)(g), 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:

Donald L. Wood **Donald L. Wood****3-6-95****813-677-5132**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime There is