

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 19 AM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **602719**

(7)

1. Corporation Name

**DEWOODY & CO., P.A.**

Principal Place of Business

288 VIA MARINA  
PALM BEACH FL 33480

Mailing Address

288 VIA MARINA  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

**509 EAGLETON COVE TRACE**

Suite, Apt. #, etc.

28. Mailing Address

**509 EAGLETON COVE TRACE**

Suite, Apt. #, etc.

22. City & State

**Palm Beach Gardens FL**

27. City & State

**Palm Beach Gardens FL**

Zip

**33418**

County

**USA**

28. Zip

**33418**

Country

**USA**

9. Name and Address of Current Registered Agent

**DEWOODY, DONALD K  
288 VIA MARINA  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent  
81. Name **DONALD K DEWOODY**  
82. Street Address (P.O. Box Number is Not Acceptable) **509 EAGLETON COVE TRACE**  
83.  
84. City **Palm Beach Gardens FL** 85. Zip Code **33418**

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 *DONALD K. DEWOODY*

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

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDS	1.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEWOODY, DONALD K	1.2 NAME	DONALD K. DEWOODY		
STREET ADDRESS	288 VIA MARINA	1.3 STREET ADDRESS	509 EAGLETON COVE TRACE		
CITY-ST-ZIP	PALM BCH, FL 33480	1.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		
TITLE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 K. DEWOODY* DONALD K. DEWOODY

(Signature and typed or printed name of signing officer or director)

4/12/95

Date

Dayline 14220 6