

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **653150** (3)  
1. Corporation Name  
**R.K. WOODRUFF, INC.**



Principal Place of Business: **801 S BROAD STREET BROOKSVILLE FL 34601**  
Mailing Address: **801 S BROAD STREET BROOKSVILLE FL 34601**

3. Date Incorporated or Qualified: **01/23/1980**  
3a. Date of Last Report: **03/22/1995**  
4. FEI Number: **59-1960490**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

**9. Name and Address of Current Registered Agent**

**WOODRUFF, KEN  
801 S BROAD ST  
BROOKSVILLE FL 34601**

**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 607.1508, 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 of the corporation or the registered agent, as the case may be.

Signature of Registered Agent, as required when first filing.

DATE

12. OFFICERS AND DIRECTORS  
1. TITLE:  DELETE  
NAME: **PT WOODRUFF, KEN**  
STREET ADDRESS: **9371 WALLIEN DRIVE**  
CITY, STATE, ZIP: **BROOKSVILLE FL**  
2. TITLE:  DELETE  
NAME: **SV WOODRUFF, SHAWN**  
STREET ADDRESS: **9371 WALLIEN DRIVE**  
CITY, STATE, ZIP: **BROOKSVILLE FL**  
3. TITLE:  DELETE  
NAME: ~~**JACOBS, ROGER H**~~  
STREET ADDRESS: ~~**521 UNDERWOOD AVE**~~  
CITY, STATE, ZIP: ~~**BROOKSVILLE FL**~~  
4. TITLE:  DELETE  
NAME: **V**  
STREET ADDRESS: **9371 WALLIEN DRIVE**  
CITY, STATE, ZIP: **BROOKSVILLE FL**  
5. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, STATE, ZIP:  
6. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, STATE, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE:  Change  Addition  
2. NAME:  
3. STREET ADDRESS:  
4. CITY, STATE, ZIP:  
2. TITLE:  Change  Addition  
2. NAME:  
2.3 STREET ADDRESS:  
2.4 CITY, STATE, ZIP:  
3. TITLE:  Change  Addition  
3.2 NAME: **Woodruff, Randall**  
3.3 STREET ADDRESS: **9371 WALLIEN DRIVE**  
3.4 CITY, STATE, ZIP: **BROOKSVILLE, FL 34601**  
4. TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY, STATE, ZIP:  
5. TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY, STATE, ZIP:  
6. TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY, STATE, 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 119.07(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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 352-796-3224  
Daytime Phone #

CR2E034 (12/95)