

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 # **669712** (2)

1. Corporation Name
WOOD TREATERS, INC.

FILED

95 JAN 25 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**2610 FAIRFAX STREET
P. O. BOX 41604
JACKSONVILLE FL 32203-1604**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/12/1980 **01/20/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number Applied For
59-2011892 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, STAN W.
2610 FAIRFAX STREET
JACKSONVILLE FL 32209**

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 re-registering) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, J.C.	12 NAME		
STREET ADDRESS	364 RIVER EDGE ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP	33477-9344	
TITLE	SD	21 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, T.H.	22 NAME		
STREET ADDRESS	3500 S. OCEAN SHORE BLVD. # 107	23 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL	24 CITY-ST-ZIP	32136-4160	
TITLE	PD	31 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, STAN W.	32 NAME		
STREET ADDRESS	8088 GREEN GLADE RD	33 STREET ADDRESS	8483 Stables Road	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	Jacksonville, FL 32256-7265	
TITLE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 addressee.

SIGNATURE: *Stan W. Hill* Stan W. Hill, President 1/17/95 904-358-2507