

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

FILED

**Jan 17 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 669712 (2)

**1. Corporation Name:
WOOD TREATERS, INC.**



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

**Mailing Address:
2610 FAIRFAX STREET
P. O. BOX 41604
JACKSONVILLE FL 32203-1604
US**

3. Date Incorporated or Qualified: 05/12/1980
3a. Date of Last Report: 01/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 59-2011892
Applied For:
Not Applicable:

21. Suite, Apt. #, etc:

26. Suite, Apt. #, etc:

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

22. City & State:

27. City & State:

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

23. Zip Country:

28. Zip Country:

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

24. Zip Country:

25. Country:

29. Zip Country:

30. Country:

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. City:
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE:** _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WALKER, J.C.	
STREET ADDRESS	384 RIVER EDGE ROAD	
CITY - ST - ZIP	JUPITER FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WADSWORTH, T.H.	
STREET ADDRESS	3500 S. OCEAN SHORE BLVD. # 107	
CITY - ST - ZIP	FLGLER BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HILL, STAN W.	
STREET ADDRESS	8483 STABLES ROAD	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Stan W. Hill* **Stan W. Hill, President 1/10/97 904-358-2507**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (9/96)