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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F01188

1 1

WOODLAND PARTNERS, INC.

FILED
Apr 10 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 2233 NW 41 STREET 2233 NW 41 STREET SUITE 100 SUITE 100 GAINESVILLE FL 32606-8643 DO NOT WRITE IN THIS SPACE GAINESVILLE FL 32806-6643 3. Date Incorporated or Qualified 10/10/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 59-2047762 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ΠNo 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEINBERG, MICHAEL L. 2233 NW 41 STREET Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 100 83 **GAINESVILLE FL 32606** 84 City 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) CR2E034 (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.13000 STEINBERG, MICHAEL L. NAME 1.2 NAME 2233 NW 41 ST, STE 100 STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 C(TY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ALLEN, DONALD J. NAME 2.2 NAME RT 1. BOX 50 STREET ADDRESS 2.3 STREET ADDRESS **WILLISTON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4 1 TITLE ☐ Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-7IP DELETE 5.1 TITLE Admition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP 6000024858' DELETE TITLE 6.1 TITLE -04/13/98---01007---002 NAME 6.2 NAME ***150.00 STREET ADDRESS 6.3 STRFET ADDRESS 6.4 CITY-ST-ZIP 14. I 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.

3/21/64