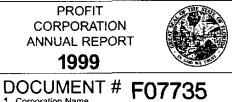
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA WOODLAND GROUP, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90030 026 ***150.00

Principal Place of Business Mailing Address						J 1980108 att 2011 (8011 (8011 1880 attat Bill Bigt Bilt) bigt gen pign gran gran	
412 NE 16TH A	VE	412 NE 16TH AVE	NE 16TH AVE				
POB 1776		POB 1776				DO NOT WRITE IN THIS SPACE	
GAINESVILLE.F L 32601 GAINESVILLE.F L 32601						3. Date Incorporated or Qualifed	
						12/03/1980	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21	lace of business	26				59-2099358 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22		27	· '			5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees	
Zip Country		Zip	p Coun			8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curre	nt Registered Agent		4		10. Name and Address of New Registered Agent	
	DELINIO 0			81	Name		
	DENNIS G.			82	Street /	Address (P.O. Box Number is Not Acceptable)	
	N.E. 16TH AVE.						
GAIN	NESVILLE,F L 32601			83	l		
				84	City	85 Zip Code	
					,	FL	
office or r	egistered agent, or both, in the Stat rn familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	authoriza Florida Sta	ed by atutes	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered ag		TE: Register		t signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		ND DIRECTORS		TITLE	—т	Change Addition	
TITLE	PSD		- 1	1.2 NAME			
NAME	LEE, DENNIS G		1		, ADDOESS		
STREET ADDRESS			4	1.3 STREET			
CITY-ST-ZIP	GAINESVILLE, FL 00000	□ DELETE	_	1.4 CITY-ST- 2.1 TITLE		Change Addition	
TITLE	AS		- 1				
NAME	DAVIES, LISA S		1	2.2 NAME			
STREET ADDRESS	(ADORESS		
CITY-ST-ZIP	GAINESVILLE FL	☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
TITLE	VAS	€ Dereie	•	3.1 IIICE 3.2 NAME			
NAME.	LEE, CARIDAD				ADDRESS		
STREET ADDRESS					- 1		
CITY-ST-ZIP TITLE	GAINESVILLE FL	☐ DELETE		CITY-S	1-414	Change Addition	
				NAME	-		
NAME					ADDRESS		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE	_	CITY-S	-211	Change Addition	
TITLE		- Section		NAME			
NAME					r address		
STREET ADDRESS				CITY-S	- 1		
CITY-ST-ZIP TITLE		DELETE		TITLE		Change Addition	
				NAME			
NAME STREET ADDRESS					TADDRESS	}	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-334-7976

Daytime Phone #