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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## OCHMENT #

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WOOD, INC.		•							
Principal Place of Business Mailing Address						-		1811 91911 1987	
OX 395 RT 1 BOX 395 X 439 P.O. BOX 439 . LA FL 34705 ASTATULA FL 34705						DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	S SPACE		
						05/18/1981			
pal Place of Business 2a. Mailing Address						4. FEI Number	App	olied For	
26						59-2093818		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	T	1	
						. The transfer of the control of the			
28						6. Election Campaign Financing Trust Fund Contribution  S 5.00 May Be Added to Fees			
			Country		8. This corporation owes the current year Intangible  Personal Property Tax  Yes  No				
					1 Cracinal Francis				
9. Name and Address of Curr	ent Registered Agent		- 04	Nome		10. Name and Address of New Registered	Agent		
WEV FOUNT			*'	Name	,				
			82	Stree	Addre	ess (P.O. Box Number is Not Acceptable)		İ	
			92			At	<del></del>		
ASTATULA PL 34705			63	}					
			84	City			85 Zip C	Code	
ь		-1-1- Ot-1-1 I	16			restion submits this statement for the purpose	of changing its	registered	
to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such cha gations of, Section 607	nga Statutes, nge was autho '.0505, Florida	rized by Statutes	the con	ooratio	n's board of directors. I hereby accept the app	ointment as rec	gistered	
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Ì	J	<del>-</del> :	5.2 NAME						
	PWOOD, INC.  e of Business  34705  lace of Business  #, etc.  Country  25  9. Name and Address of Curr  WEY, JOHN L  I BOX 395  ATULA FL 34705  Signature, typed or printed name of registered a coept the oblination of the company of	WOOD, INC.  e of Business  RT 1 BOX 395 P.O. BOX 439 ASTATULA FL 3  lace of Business  2a. Mailing Add 26 #, etc.  City & State 28  Country Zip 25 9. Name and Address of Current Registered Agent  WEY, JOHN L BOX 395 ATULA FL 34705  to the provisions of Sections 607.0502 and 607.1508, Floegistered agent, or both, in the State of Florida. Such charm familiar with, and accept the obligations of, Section 607  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  PD HARVEY, JOHN L RT 1 BOX 395 ASTATULA FL	PWOOD, INC.  Be of Business  RT 1 BOX 395 P.O. BOX 439 ASTATULA FL 34705  ASTATULA FL 34705  Tace of Business  2a. Mailing Address 26 #, etc.  Suite, Apt. #, etc.  City & State 28  Country Zip 25 29 30 9. Name and Address of Current Registered Agent  WEY, JOHN L 1 BOX 395 ATULA FL 34705  To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was authen familiar with, and accept the obligations of, Section 607.0505, Florida  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  PD HARVEY, JOHN L RT 1 BOX 395 ASTATULA FL  DELETE	WOOD, INC.  Be of Business  RT 1 BOX 395 P.O. BOX 439 ASTATULA FL 34705  ASTATULA FL 34705  ASTATULA FL 34705  Bace of Business  Za. Mailing Address Za. Mailing Addre	WOOD, INC.  Be of Business  Mailing Address RT 1 BOX 395 P.O. BOX 439 ASTATULA FL 34705  Bace of Business  2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 2b. Suite, Apt. #, etc. 27  City & State 28  Country 2ip Country 25 29 30  9. Name and Address of Current Registered Agent  WEY, JOHN L I BOX 395 ATULA FL 34705  Bate of Florida. Such change was authorized by the corp of familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. STREET ADDRESS ASTATULA FL  12 NAME 22 NAME 23 STREET ADDRESS ASTATULA FL  DELETE 1.1 TITLE 22 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 5.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 5.1 TITLE 5	WOOD, INC.  ## of Business   Mailing Address   ## RT 1 BOX 395   ## P.O. BOX 439   ## astatula FL 34705    ## etc.   Suite, Apt. #, etc.   ## country   Zip   Country	MoOD, INC.    Mailing Address   RT 1 BOX 398   P.D. BOX 439   P.D.	WOOD, INC.  ### BUSINESS  ####  BUSINESS  ##### BUSINESS  ##### BUSINESS  ##### BUSINESS  ##################################	

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 affairment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition