

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F61464** (6)

1. Corporation Name

WOOD YOU OF REGENCY INCORPORATED

Principal Place of Business

**11280 BEACH BLVD
JACKSONVILLE FL 32216**

Mailing Address

**2320 LIBERTY ST., N.
JACKSONVILLE FL 32206
US**

APPROVED
AND
FILED

55 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified	3a. Date of Last Report
01/08/1982	03/22/1994
4. FEI Number	Applied For Not Applicable
59-2318116	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 190.032, Florida Statutes.	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. # etc.	State, Apt. # etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**HANNAH, ALECIA
954 E. ADAMS ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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 607.01(2) and 608.11(1)(b), 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 607.01(2), Florida Statutes.

SIGNATURE

(Signature of Agent or Director)

(Signature of Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
1. NAME	PD JOHNSTON, ALTON 420 MOCKINGBIRD LANE AUBURN AL	1. NAME	☐ Change ☐ Addition
2. NAME	VS JOHNSTON, BARBARA J. 420 MOCKINGBIRD LANE AUBURN AL	2. NAME	☐ Change ☐ Addition
3. NAME		3. NAME	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. NAME		5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. NAME		11. NAME	☐ Change ☐ Addition
12. NAME		12. NAME	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. NAME		14. NAME	☐ Change ☐ Addition
15. NAME		15. NAME	☐ Change ☐ Addition
16. NAME		16. NAME	☐ Change ☐ Addition
17. NAME		17. NAME	☐ Change ☐ Addition
18. NAME		18. NAME	☐ Change ☐ Addition
19. NAME		19. NAME	☐ Change ☐ Addition
20. NAME		20. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 95-111(2)(b), Florida Statutes. I further certify that the information included 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 owner or owner's representative empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears on Block 4, or Block 1, if changed, on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95

(95) 354-0200