**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State . DIVISION OF CORPORATIONS

## DOCUMENT # F9800001395

1. Corporation Name

WOODLEY CONSULTANTS INCORPORATED

## Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90041 025 \*\*\*150.00



Mailing Address Principal Place of Business #15 PARADISE PLAZA. #291 #15 PARADISE PLAZA, #291 SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/11/1998 4 FFI Number Applied For 2. Principal Place of Business 2a. Mailing Address 1400 1400 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country This corporation owes the current year Intangible Personal Property Tax. 30 29 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent WOODLEY, NANCY K 1633 ARLINGTON ST. SARASOTA FL 34239 83 84 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change ☐ Addition 1.1 TITLE TITLE WOODLEY, NANCY K 12 NAME NAME 1633 ARLINGTON ST. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 2.1 TITLE TIME 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Addition 6.1 TITLE Change ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS

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 an attachment with an address, with all other like empowered. Block 12 or Block 13 if changed

6.4 CITY-ST-ZIP

STREET ADDRESS

CR2E034 (11/98)