

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G48418** (9)

1. Corporation Name:

FERNWOOD ASSOCIATES, INC.



Principal Place of Business:

**120 E.GRANADA BLVD.
ORMOND BCH. FL 32176-6630**

Mailing Address:

**120 E.GRANADA BLVD.
ORMOND BCH. FL 32176-6630**

2. Principal Place of Business:

21 Suite, Apt., R., etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address:

26 Suite, Apt., R., etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
07/07/1983

3a. Date of Last Report
02/27/1995

4. FEI Number

59-2300799

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**AKERS, WILLIAM III
120 E.GRANADA BLVD.
ORMOND BCH. FL 32176-6630**

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 607.0502 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 of Registered Agent or Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
JOHNSTON, IKE W.
10 TWELVE OAKS DR.
ORMOND BEACH FL 32174
VSD
AKENS, WILLIAM
120 E. GRANADA AVE.
ORMOND BEACH FL 32176
DV
WILLIAMS, S.L.
150 S. PALMETTO AVE.
DAYTONA BEACH FL 32115
T
CALDWELL, KAREN
311 N. CLYDE MORRIS BLVD., SUITE 510
DAYTONA BEACH FL 32114

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
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☐ Change ☐ Addition
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Karen Caldwell
Karen P. Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96

904-258-7096
Daytime Phone

CR2E034 (12/95)