

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # G57551

(5)

1. Corporation Name

WOOLEY ENTERPRISES, INC.



Principal Place of Business

P.O. BOX 3197  
LANTANA FL 33465

Mailing Address

P.O. BOX 3197  
LANTANA FL 33465

New Address

New Address

2. Principal Place of Business

21 445 W LANTANA RD

Suite, Apt. #, etc.

22 Suite 2

City & State

23 LANTANA FL

Zip

24 33462

2a. Mailing Address

26 SAME AS

Suite, Apt. #, etc.

27 Place of Business

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

08/30/1983

3a. Date of Last Report

04/25/1995

4. FET Number

59-2335281

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

FROST, RONALD W., P.A.  
412 N. DIXIE HWY.  
LANTANA FL 33462

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WOOLEY, WILLIAM DREW  
STREET ADDRESS 1451 CREST DR.  
CITY-ST-ZIP LAKE WORTH, FL 00000

TITLE D  
NAME WOOLEY, SYLVIA  
STREET ADDRESS 1451 CREST DR.  
CITY-ST-ZIP LAKE WORTH FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
445 W, LANTANA RD.  
Suite 2  
LANTANA, FL 33462

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
445 W, LANTANA RD.  
Suite 2  
LANTANA, FL 33462

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. W. Wooley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (541) 588-0816

Date

Daytime Phone #

CR2E034 (3/96)