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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)**DOCUMENT #** G85302 JACK WOODS CORPORATION Mailing Address Principal Place of Business JACK WOODS INCORPORATION JACK WOODS CORPORATION 3811 NOTTINGHAM DRIVE P.O. BOX 49314 3a. Date of Last Report SARASOTA FL 34230 3. Date Incorporated or Qualified SARSOTA FL 34230 05/01/1995 02/14/1984 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2379101 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032, Country Žιμ Country Ζφ Yes 🔀 No Florida Statules 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G. Street Address (P.O. Box Number is Noi Acceptable) 41550 RINGUNG BLVD SARASOTA-FL-34236 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE SIGNATURE Signative typed to protect non-electric jetoped agent and the diapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. OFFICERS AND DIRECTORS 12. Change Addition DELFTE 117006 PTD TITLE 1.2 NAME WOODS, JOHN P. NAME 1.3 STREET ADDRESS 3811 NOTTINGHAM DR. STREET ADDRESS 14 CITY - ST - ZIP SARASOTA FL Change \_\_\_ Addition CITY-ST-ZIP DELETE 21 THEE TITLE VSD WOODS, CONNIE ANN NAME 23 STREET ADDRESS 3811 NOTTINGHAM DR. STREET ADDRESS 2 4 CITY - ST - 7IP SARASOTA FL CITY - ST - ZIF Change Addition DELETE 3.1 THILE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 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 - \$T - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP Change \_\_\_\_ Addition CITY - ST - ZIF DELETE 61 HILLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do horeby certify that the information supplied with this fring 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 Brock 12 or Block 13 if changed or on an attachment with an address. 64 CITY - ST - ZIP

3/31/96 94/-955-2764