SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G92610** **(6)**

1. Corporation Name
CARL WOODS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
801 W. S. PARK STREET OKEECHOBEE FL 34972-4142	801 W. S. PARK STREET OKEECHOBEE FL 34972-4142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/19/1984	06/14/1994

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

4. FEI Number: 59-2393696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution YOU MUST **$5.00** May Be ADDED 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	10. Name and Address of New Registered Agent
WOODS, CARL 156 PIKE DRIVE OKEECHOBEE FL 33472 ← CHANGE OF ADDRESS →	81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 576 S.W. 87 TH TERRACE 83 84 City OKEECHOBEE FL 85 Zip Code 34974

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 CARL WOODS Carl Woods President 7-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME WOODS, CARL STREET ADDRESS 156 PIKE DRIVE ← SEE CHANGE OF ADDRESS CITY-ST-ZIP OKEECHOBEE FL	11 TITLE D ☐ Change ☒ Addition 12 NAME JOSEPH DOYLE 13 STREET ADDRESS 5017 SE. 43 RD TRACE 14 CITY-ST-ZIP OKEECHOBEE FLA. 34974
TITLE S NAME WOODS, SHERYL L STREET ADDRESS 3127 SE 37 AVENUE DELETE CITY-ST-ZIP OKEECHOBEE FL	21 TITLE P. D. ☒ Change ADDRESS ☐ Addition 22 NAME CARL WOODS 23 STREET ADDRESS 576 SW 87 TR TERR. 24 CITY-ST-ZIP OKEECHOBEE FLA 34974
TITLE D NAME EBELING, FREDRICK STREET ADDRESS 2017 HWY 441 SO DELETE CITY-ST-ZIP OKEECHOBEE FL	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

CR2E034 (3/95)

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)(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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl Woods President CARL WOODS 7-27-95 941-763-3373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110603 CP