

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 PM 4:10

DOCUMENT # **H56125 (8)**

1. Corporation Name
JEFFREY G. WOOD, P.A.

Principal Place of Business Mailing Address
4201-1 BAYMEADOWS RD. JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/09/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2539541** 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

2. Principal Place of Business 2a. Mailing Address
21 **2639 FOREST Pt. Ct.** 26 **2639 FOREST Pt. Ct.**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State **JACKSONVILLE, FL** 28 **JACKSONVILLE, FL**
24 Zip **32257** 25 Country **DUVAL** 29 Zip **32257** 30 Country **DUVAL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOD, JEFFREY G.
4201-1 BAYMEADOWS RD
JACKSONVILLE FL 32217**

81 Name **WOOD, JEFFREY G.**
82 Street Address (P.O. Box Number is Not Acceptable)
2639 FOREST Pt. Ct.
83
84 City **JACKSONVILLE** FL 85 Zip Code **32257**

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, 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 *Jeffrey G. Wood* **JEFFREY G. WOOD** DATE **4/13/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JEFFREY G.	1.2 NAME	
STREET ADDRESS	4201-1 BAYMEADOWS RD	1.3 STREET ADDRESS	2639 FOREST Pt. Ct.
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE	VST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JEFFREY G.	2.2 NAME	
STREET ADDRESS	4201-1 BAYMEADOWS RD	2.3 STREET ADDRESS	2639 FOREST Pt. Ct.
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Jeffrey G. Wood* **JEFFREY G. WOOD** DATE **4/13/95** TELEPHONE NO. **904 448-9999**