FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 21 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H56242** **(1)**

1. Corporation Name
WOODBECK REPAIR SERVICE, INC.

Principal Place of Business	Mailing Address
501 BEVERLY AVE ALTAMONTE SPRINGS FL 32701	501 BEVERLY AVE ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

Hacienda Village

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 05/09/1985	3a. Date of Last Report: 05/01/1994
21 83 Bonita Cir.	26 Hacienda Village	4. FEI Number: 59-2539624	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Winter Springs	Suite, Apt. #, etc. 27 83 Bonita Cir.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Florida	City & State 28 Winter Springs, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 32708	Zip 29 32708	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
Country 25 Seminole	Country 30 Seminole		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE LUDE, EDWARD G. 103 EAST LAUREN COURT FERN PARK FL 32730	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	WOODBECK, JOHN T.	12 NAME	
STREET ADDRESS	501 BEVERLY AVE	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	WOODBECK, JOAN C.	22 NAME	
STREET ADDRESS	501 BEVERLY AVE	23 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 no address.

SIGNATURE: Joan C Woodbeck V/P JOAN C. Woodbeck 4/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

407-327-7763
Daytime Phone Number

0098184 CP