

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 JUL 24 AM 8:55

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H94786

(1)

1. Corporation Name

WOODCUTTERS, INC.

Principal Place of Business

7011 - 10TH ST. NORTH  
ST. PETERSBURG FL 33702

Mailing Address

7011 - 10TH ST. NORTH  
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1986

3a. Date of Last Report

02/27/1996

4. FEI Number

59-2635305

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 RR 2 Box 589

2a. Mailing Address

26 RR 2 Box 589

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lake Butler

City & State

28 Lake Butler

Zip

24 32054

Country

25 Union

Zip

29 32054

Country

30 Union

9. Name and Address of Current Registered Agent

PLOTTS, HOLICE H.  
7011 - 10TH ST. NORTH  
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

Plotts, Hollice H

82

Street Address (P.O. Box Number is Not Acceptable)

83

RR 2 Box 589

84

City Lake Butler

FL

85

Zip Code 32054

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PST  
PLOTTS, HOLICE H.  
7011 - 10TH ST. NORTH  
ST. PETERSBURG FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PST  
Plotts Hollice H  
RR 2 Box 589  
Lake Butler FL 32054

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3000002251089--6

-07/29/97--01096--001

\*\*\*\*165.00 \*\*\*\*165.00

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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

Plotts, Hollice H. 7/24/97 904-496-1113

CR2E034 (4/97)