

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 10:15

DOCUMENT # J11503 (6)

1. Corporation Name

WOODWARD'S WOODWORKS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

MINI STORAGE NORTH
#405 + 406
ST. AUGUSTINE FL 32095
US

Mailing Address

4544 6TH AVE.
ST. AUGUSTINE FL 32095
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/21/1986

3a. Date of Last Report

01/20/1994

4. FEI Number

59-2700699

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 4544 6th AVE.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. AUGUSTINE, FL

City & State

28

Zip

24 32095

Country

25 ST. JOHNS

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD, RICHARD L.
4544 6TH AVENUE
ST AUGUSTINE FL 32084

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 RICHARD L. WOODWARD

(Signature, typed or printed name of registered agent and title if applicable)

Richard L. Woodward

(Typed, Registered Agent signature required when reinstating)

DATE JAN. 12, 1995

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WOODWARD, RICHARD L.
STREET ADDRESS 4544 6TH AVE.
CITY - ST - ZIP ST AUGUSTINE FL

TITLE ST
NAME WOODWARD, JOAN C.
STREET ADDRESS 4544 6TH AVE.
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE P
NAME WOODWARD, JOANNE L.
STREET ADDRESS 4544 6TH AVE.
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

Joan C. Woodward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREAS.

REMITTED BY MAY 1

04/01/95 904824 0642