

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J58637

(6)

1. Corporation Name

WOOD YOU OF TAMPA, INC.



Principal Place of Business

6821 W. MILLSBOROUGH AVE
TAMPA FL 33634
US

Mailing Address

2320 N. LIBERTY ST
JACKSONVILLE FL 32206
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/19/1987

3a. Date of Last Report
05/01/1995

4. FLE Number
59-2799327

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

10. Name and Address of New Registered Agent

81

Name

PAT ZIETLOW

82

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

2320 N. LIBERTY ST.

83

City

JACKSONVILLE

FL

Zip Code

32206

84

City

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(1), 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.05(1) and 607.15(1), Florida Statutes.

SIGNATURE

Pat Zietlow

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
JOHNSTON, ALTON T.
420 MOCKINGBIRD LN
AUBURN AL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
BLANKENSHIP, CHARLES H.
8006 GREEN GLADE RD
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles H. Blankenship

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

☐ Change ☐ Addition

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4-11-96 904 357-0300

Date

Exhibit Fee

CR2E034 (12/95)