

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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J59001 (4)

1. Corporation Name

WOODY'S OF TAMPA, INC.

Principal Place of Business

**1722 S. DALE MABRY
TAMPA FL 33629
US**

Mailing Address

**P. O. BOX 10542
TAMPA FL 33679-7542
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/24/1987

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2790923

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 §. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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Country

30

9. Name and Address of Current Registered Agent

**GILBERT, WOODROW
1722 S DALE MABRY HWY
TAMPA FL 33629**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
GILBERT, WOODROW
1722 S DALE MABRY
TAMPA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD
GILBERT, DANIELLE
1722 S DALE MABRY
TAMPA FL**

TITLE

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