

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Serrano B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J62807 (9)

1. Corporation Name

WOODLAND GROVE, INC.

Principal Place of Business

**7617 BRIAR CLIFF CIRCLE
LAKE WORTH FL 33467**

Mailing Address

**7617 BRIAR CLIFF CIRCLE
LAKE WORTH FL 33467**

DO NOT WRITE IN THIS SPACE

3. Date of Organization or Qualification

03/19/1987

3a. Date of Last Report

05/20/1994

4. FFI Number

59-2797649

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 § 199.032,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt # etc.

27 State Apt # etc.

22 City & State

27 City & State

23 Zip

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUFFEY, CLAUDIA
240 W. PALMETTO PARK RD.
BOCA RATON FL 33432**

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 607.0102 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 Sections 607.0102, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME D GIBSON, NEIL E. STREET ADDRESS 7617 BRIAR CLIFF CIR. CITY, ST, ZIP LAKE WORTH FL 33467	13.1 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
12.2 NAME STREET ADDRESS CITY, ST, ZIP	13.2 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP	13.3 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP	13.4 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP	13.5 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP	13.6 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032 and 199.033, Florida Statutes. Further, I certify that the information is filed on the annual report or supplemental annual report, true and accurate and that the signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered agent or both, as represented in the report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report, as an attachment with an address.

SIGNATURE:

Neil E Gibson NEIL E GIBSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

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