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| FILE N | NOW: FILING FEE | FTER MAY 1 IS \$ | 225.00 | - | |
| PROFIT CORPORATION ANNUAL REPORT 1996 DOCUMENT # J88260 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS (1) | | | |
| | | | | | |
| | OODS, INC. | | | LARRING BIRLANDIA MARIA | ndar drake drake drafte Ostain drafte åldet 1981 |
| | | | | | |
| Principal Place of Business 1832 NE 39TH CT OCALA FL 34470 | | Mailing Aduress 1832 NE 39TH CT OCALA FL 34470 US | | | 3a. Date of Last Report |
| US | | 60 | | 3. Date Incorporated or Qualified 08/18/1987 | 05/11/1995 |
| 2. Principal Place | e of Business | 2a. Mailing Address | | 4. FEI Number 59-2834133 | Applied For Not Applicable |
| 21 | | Suite, Apt. #, etc. | | Certificate of Status Desired | \$8.75 Additional |
| Suite, Apt. #. 22 City & State | etc. | City & State | | 6. Election Campaign Financing | Fee Required \$5.00 May Be Added to Fees |
| 23 | | 28 | Country | Trust Fund Contribution 8. This corporation has liability for i | ntangible tax under s 199.032, |
| Ζφ 24 | Gountry 25 | Ζιρ 29 3 | | Florida Statutes Yes 10. Name and Address of New R | ŬNo |
| | 9. Name and Address of Currer | t Registered Agent | 81 Name | 10. Name and Address of Hell 1 | |
| LOPEZ, P 1832 NE OCALA F | | | 82 Street Add | ress (P.O. Box Number is Not Acceptat | |
| | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant to or registere | the provisions of Sections 607,050 d agent, or both, in the State of Flor n, and accept the obligations of, Sec | 2 and 607.1508. Florida Stalutes, da. Such change was authorized tion 617.0505. Florida Statutes. | the above named corpo by the corporation's bo | oration submits this statement for the pu and of directors. I nereby accept the app | rpose of changing its registered office continent as registered agent. I am |
| | | | Ragiolasia i Agent sejectore da Rel | ner with treated \$100 | DA'E |
| s | signature, typed or portion harne of registerion ages | I and the stapp state of the st | 13. | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 Change Addition |
| 12. | D | ☐ DELFTE | 1 1 7/16 | | Change Addition |
| NAME | LOPEZ, PASQUALE 1832 NE 39 CT | | 1.3 STREET ADDRESS | | |
| STREET ADDRESS | OCALA FL | | 1.4 C/TY - ST - ZIP | | ☐ Change ☐ Addition |
| CITY-ST-ZIP TITLE | OORDITE | ☐ DELETE | 2 1 THE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS 2.4 City-St. ZiP | | |
| CITY - ST - ZIP | | [] DELETE | 3 1 THE | | Change Addition |
| TITLE | | <u>-</u> | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CHTY - ST - ZIP | | | 3 4 CITY - SI - ZIP | | Crange Addition |
| TITLE | | ☐ D€LETE | 4 1 101E 4 2 NAME | | |
| NAME | | | 4.3 STREET ADORESS | | |
| STREET ADDRESS | | | 44 CITY - ST ZIP | | Change Addition |
| CITY - ST - ZIP | | DELETE | 5 1 THL€ | | Change L Addition |
| NAME | | | 5 2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 5 4 CITY - ST - ZIP 6 1 TITLE | | Change Addition |
| TITLE | | FT been | 6.2 NAME | | |

6.3 STREET ADDRESS

6.4 STREET ADDRESS

(11)*-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 119.07(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 certify that I am an officer or director of the corporation or the receiver or trusted 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

SIGNATURE

SIGNATURE

SIGNATURE

Output

Divinity Signature

Signature