


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K05314** (5)
1. Corporation Name
WOOD HAVEN RANCH, INC.



Principal Place of Business STATE ROAD 480 P.O. BOX 858 FLORAL CITY FL 32636	Mailing Address STATE ROAD 480 P.O. BOX 858 FLORAL CITY FL 32636
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7160 E STAGE COACH TRAIL Suite, Apt. #, etc. 22 FLORAL CITY FL City & State 23 Zip 34436 Country FLORIDA		2a. Mailing Address 26 7160 E STAGE COACH Suite, Apt. #, etc. 27 City & State 28 FLORAL CITY FL Zip 34436 Country FLORIDA		3. Date Incorporated or Qualified 12/07/1987	4. FEI Number 59-2865555 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROOKS, DAVID A
SR 480
FLORAL CITY FL 34436**

10. Name and Address of New Registered Agent

81 Name	DAVID D ROOKS
82 Street Address (P.O. Box Number is Not Acceptable)	7160 E STAGE COACH TRAIL
83	
84 City	FLORAL CITY
85 FL	34436

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, 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 reinstating)

DATE

1-13-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOKS, DAVID D	1.2 NAME	
STREET ADDRESS	SR 480 7160 E Stage Coach Tr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL 34436	1.4 CITY-ST-ZIP	
TITLE	PSTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID D ROOKS	2.2 NAME	
STREET ADDRESS	7160 E STAGE COACH TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL 34436	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

DAVID D ROOKS

1-13-97

CR2E034 (10/97)