

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

FILED
May 21 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 # **K68164** (8)
1. Corporation Name
WOOD FLOORS, INTERNATIONAL, INC.

Principal Place of Business 3940 ST. JOHNS AVENUE SUITE 100 JACKSONVILLE FL 32205 US	Mailing Address 3946 ST. JOHNS AVENUE SUITE 166 JACKSONVILLE FL 32205 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/24/1989

4. FEI Number
59-3000568

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 21 3509 Eunice Rd Suite, Apt #, etc. 22 City & State 23 Jacksonville, FL Zip 24 32250	2a. Mailing Address 26 P.O. Box 49219 Suite, Apt #, etc. 27 City & State 28 Jacksonville Beach, FL Zip 29 32240-9219 Country 30 US
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9. Name and Address of Current Registered Agent

**BOONE, JOSEPH A
3940 ST. JOHNS AVENUE
SUITE 100
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 3509 Eunice Rd.	FL 32250
83	
84 City Jacksonville	

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 block applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS

TITLE P/S/D	<input type="checkbox"/> DELETE
NAME BOONE, JOSEPH A. JR	N/A
STREET ADDRESS 3946 ST. JOHNS AVENUE	
CITY-ST-ZIP JACKSONVILLE FL 32205	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME BOONE, TINA D.	
STREET ADDRESS HC 30 BOX 64	
CITY-ST-ZIP PELSON AR	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME P.O. Box 49219	
1.3 STREET ADDRESS Jacksonville Beach, FL	
1.4 CITY-ST-ZIP 32240-9219	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
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: **JOSEPH A. BOONE, JR.** **4/22/98** **904 381 9663**

CR2E034 (10/97)