

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K89875 (4)

1. Corporation Name

WOODBROOK DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

% JAMES E. PUMPHREY
3551 N. MERIDIAN RD.
TALLAHASSEE FL 32312-1209

% JAMES E. PUMPHREY
3551 N. MERIDIAN RD.
TALLAHASSEE FL 32312-1209

3. Date Incorporated or Qualified
05/22/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 556 High Oaks Ct.
Suite, Apt. #, etc.

26 556 High Oaks Ct.
Suite, Apt. #, etc.

22
23 City & State
Tallahassee, Florida
24 Zip
32312
25 Country
Leon

27
28 City & State
Tallahassee, Florida
29 Zip
32312
30 Country
Leon

4. FEI Number
59-2950400

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUMPHREY, JAMES E.
3551 N. MERIDIAN RD.
TALLAHASSEE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

556 High Oaks Court

83

84 City

Tallahassee

FL

85

Zip Code

32312

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PUMPHREY, JAMES E.
STREET ADDRESS 3551 N. MERIDIAN RD
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 556 High Oaks Ct.
1.4 CITY-ST-ZIP Tallahassee FL 32312

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Pumphrey 4/30/96

Date

Daytime Phone #

404-8956900

CR2E034 (12/95)