FILE NOW FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # L46515

1. Corporate Name
WOOD TECHNICS, INC

Principal Place of Business
12345-B 62ND ST. N.
LARGO, FL 34643

Mailing Address
(SAME)

FILED
95 MAY -1 PM 2:25
TALLAHASSEE, FLORIDA

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-06/05/95--01002--005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25
2a. Mailing Address — 26 — 27 — 28 — 29 — 30

3. Date Incorporated or Qualified: 01/31/1990
3a. Date of Last Report: 03/24/94

4. FEI Number: 59-2292765 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Electronic Funds Transfer Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under § 199.032 Florida Statutes [ ] Yes [✓] No

9. Name and Address of Current Registered Agent
Brian L. Zinsmeister
2129 Victoria Dr.
Clearwater FL 34615

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

12. Officers and Directors
P/T/D
Brian L. Zinsmeister
2129 Victoria Dr
Clearwater FL 34615
V/S/D
William G. Popowicz
1490 Sun Ridge Dr
Dunedin, FL 34698

13. Additional Changes to Officers and Directors — [ ] Change [ ] Addition

REMITTED BY MAY 1

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered officers and directors, as an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: [signature] 4/27/95 813 530-1599
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #