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 # M73953 (5)

1. Corporation Name

WOOD & SONS INC.

Principal Place of Business	Mailing Address
C/O WILLIAM A. WOOD 504 N. 9TH ST. PANAMA CITY FL 32404	C/O WILLIAM A. WOOD 504 N. 9TH ST. PANAMA CITY FL 32404

3. Date Incorporated or Qualified: 03/28/1988
3a. Date of Last Report: 03/21/1995

4. FEI Number: 59-2889382 ☐ 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

2. Principal Place of Business
21: 1925 Hwy 2297
Suite, Apt. #, etc.
22:
City & State
23: Panama City Fl
Zip 24: 32404 Country 25: Bay

2a. Mailing Address
26: 1925 Hwy 2297
Suite, Apt. #, etc.
27:
City & State
28: Panama City Fl
Zip 29: 32404 Country 30: Bay

9. **Name and Address of Current Registered Agent**

WOOD, WILLIAM A.
504 N. 9TH ST.
PANAMA CITY FL 32404

10. **Name and Address of New Registered Agent**

81 Name: Maja H Wood
82 Street Address (P.O. Box Number is Not Acceptable): 1925 Hwy 2297
83
84 City: Panama City FL 85 Zip Code: 32404

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: Maja H. Wood — Maja H Wood
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	☐ DELETE
NAME	WOOD, MAJA H.	
STREET ADDRESS	504 N. 9TH ST.	
CITY-ST-ZIP	PARKER FL	
TITLE	D	☒ DELETE
NAME	WOOD, WILLIAM A.	
STREET ADDRESS	504 N. 9TH ST.	
CITY-ST-ZIP	PARKER FL	
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		
1.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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: Maja H. Wood — Maja H Wood — 4-29-96 — (904) 874-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #