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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M75038

(3)

DAIVD T. WOODS, INC.

FILED Apr 14 1998 8:00am Secretary of State



								II TIEK IDII
Principal Place of Business Mailing Address						- Leanumeir Jin Johan Mirte annum sindt cant Albin An	Bei Athli Diæli Dib	
1117 SHADY		1117 SHADY REST LN.						
NAPLES FL- 80910- 54103		NAPLES FL 80940			DO NOT WRITE IN THIS SPACE			
-) +10 5	54103			3. Date Incorporated or Qualified			
						04/04/1988		•
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	I IA	pplied For
21		26				65-0038588		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22		27				6. Certificate of Status Desired	Fee R	equired
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be		
23] Zip		28				Trust Fund Contribution		to Fees
 ·	Country Zip 30			Country		8. This corporation owes or has paid the o		
24	9. Name and Address of Curren		30			Personal Property Tax due June 30. 10. Name and Address of New Registers		□ No
WA		in rogation rigorit	8	1 Na	me	IU. Hallie Bild Address of New Pregisters	n where	
	ODS, DAVID T. 17 SHADY REST LN.		_					
III IAIA	PLES FL- 33940 34/05		8	2 Str	eet Addre	Address (P.O. Box Number is Not Acceptable)		
1474	34105		8	3				
			8	4 Cit	v		. 85 Zip	Code
					•	F	Lil	
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								
12.	Signature, typed or printed name of registered ag-	ent and little if applicable (NOTE: ID DIRECTORS		gent sign	ature require	od when reinstating) DATE	UD DIDEOTOI	
TITLE	PVS	DELETE	13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	WOODS, DAVID T.	_ occen-	1.2 NAM		1		onango	
STREET ADDRESS	1117 SHADY REST LN.		1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 City-St-Zip				
TITLE				2.1 TITLE			Change	Addition
NAME	WOODS, DAVID T.		2.2 NAMI					_
STREET ADDRESS	1117 SHADY REST LN.		2.3 STRE	ET ADDRI	ss			
CATY-ST-ZNP	NAPLES FL		2 4 CHY	2 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAMI	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		ss			
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TATLE	DELETE 4.1 T		4.1 TITLE		İ		☐ Change	Addition
NAME			4. 2 NAM		}			
STREET ADDRESS			4.3 STRE		ss			
CITY-ST-ZIP		D DELETE	4.4 CITY				1100	1.120
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME OTRET ADDRESS			5.2 NAME					
STREET ADDRESS			5.3 STRE		ss			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 C(TY-		-		Phanes	Addition
		□ ottelt	6.1 TITLE		-		☐ Change	Addition
NAME CIRCET ADARESS			6.2 NAME		.			
STREET ADDRESS			6.3 STREE		885			
CITY-ST-ZIP			6.4 CITY	ST-ZIP				

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