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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

M94747

(6)

| WOOD GROUP PROPERTIES, INC. Principal Place of Business P.O. BOX 1725 CAPE CORAL FL 33910 Mailing Address P.O. BOX 1725 CAPE CORAL FL 33910 | | | | | | | | | |
|--|---|--|--|---|--|----------------------------------|----------------------------|--------------------------------------|--|
| | | | | | 3. Date Incorporate 08/17/198 | d or Qualified | 3a. Da | of Last 05/01/ | Report 1995 |
| Principal Place of Business Section Principal Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | | | Applied For |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | 65-01053 | 325 | | | Not Applicable |
| 22 | 27 Soite, Apt. #, etc. | | | | 5. Certificate of Stat | us Desired | | | 5 Additional |
| City & State | City & State | · | | | 6. Election Campaig | n Financino | | | e Required |
| 3 | 28 | | | | Trust Fund Contri | | | | 00 May Be led to Fees |
| Zip Country 25 | Zip | _ | ountry | | 8. This corporation h | as liability for | intangible | | |
| 9. Name and Address of Cui | rrent Registered Agent | 30 | | | Florida Statutes | | □ No | | |
| | TOTAL PROGRESSION | | 81 | Name | 10. Name and Addr | ess of New F | Registered | Agent | |
| BARTON, DAVID A 2603 NE 9TH AVE. CAPE CORAL FL 33909 | | | 82 83 84 | Street Addre | ess (P.O. Box Number is | Not Acceptat | ole) | 85 2 | Zip Code |
| Pursuant to the provisions of Sections 607.09 or registered agent, or both, in the State of F familiar with, and accept the obligations of, S | lorida. Such change was authori | zed by the | COPPC | ration's boar | ation submits this statemi of of directors. I hereby ac | ent for the pur coept the app | rpose of ch ointment a: | nanging its s registere | registered office d agent. I am |
| SIGNATURE Sgnature, typed or printed name of registered at 12. OFFICERS | gent and title if applicable (N AND DIRECTORS | Ŧ. | ed Agent | signature required | when reinstating | | DATE | | ORS IN 12 |
| SIGNATURE Sgnature, typed or printed name of registered at DFFICERS ATTILL PD | gent and title if applicable (N | OTE: Register | ed Agent | | | | DATE ICERS ANI | | |
| SIGNATURE Signature, typed or priviled name of registered at the property of the priviled name of registered at the property of the privilege | gent and title if applicable (N AND DIRECTORS DELETE | OTE: Rogister 13 1, 1 1.2 | ed Agent TITLE NAME | signature required | when reinstating | | DATE ICERS ANI | D DIRECT | |
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SIGNATURE: OCCUPE SIGNATURE AND TYPED DA PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR 4-11-0

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