

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N08731** (4)

1. Corporation Name

THE ARMWOODS OF AMERICA, INCORPORATED



Principal Place of Business

**100 ORSLEY DRIVE
SEFFNER FL 33584**

Mailing Address

**100 ORSLEY DRIVE
SEFFNER FL 33584**

3. Date Incorporated or Qualified
04/16/1985

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2678026

Applied For
Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23

City & State

27

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

25

Country

29

Zip

Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**ARMWOOD, JOHN H. I.
7019 NORTH PALMETTO LANE
TAMPA FL 33604**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

NAME **V**
ORSLEY, HAZEL ARMWOOD
STREET ADDRESS **100 ORSLEY DR.**
CITY - ST - ZIP **SEFFNER FL**

TITLE ☐ DELETE

NAME **D**
ARMWOOD, JOHN H.
STREET ADDRESS **7019 NTH PALMETTO LANE**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **TAS**
COLTER, BERNADOTTE J.
STREET ADDRESS **7019 N PALMETTO LANE**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D**
GOLDSMITH, ROSA J.
STREET ADDRESS **6614 HWY. 579**
CITY - ST - ZIP **SEFFNER FL**

TITLE ☐ DELETE

NAME **PCD**
ARMWOOD, KENNETH RAY
STREET ADDRESS **39 LAKE SIDE DRIVE**
CITY - ST - ZIP **SPARTA NE**

TITLE ☐ DELETE

NAME **VD**
ARMWOOD, AARON
STREET ADDRESS **3004 INDEPENDENCE AVE.**
CITY - ST - ZIP **DURHAM NC**

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hazel A. Orsley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAZEL A. ORSLEY

Date *10 April 1996* Daytime Phone # *813-689-8597*

CR2E037 (12/95)