

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 27 1997 8:00am  
Secretary of State

DOCUMENT # N08731 (4)  
1. Corporation Name

THE ARMWOODS OF AMERICA, INCORPORATED



Principal Place of Business Mailing Address  
100 ORSLEY DRIVE 100 ORSLEY DRIVE  
SEFFNER FL 33584 SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		28		04/16/1985		04/17/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		29 City & State		59-2678026		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
26		30		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
27		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	
NAME	ORSLEY, HAZEL ARMWOOD	1.2 NAME	
STREET ADDRESS	100 ORSLEY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	ARMWOOD, JOHN H.	2.2 NAME	
STREET ADDRESS	7019 NTH PALMETTO LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	TAS	3.1 TITLE	
NAME	COLTER, BERNADOTTE J.	3.2 NAME	
STREET ADDRESS	7019 N PALMETTO LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GOLDSMITH, ROSA J.	4.2 NAME	
STREET ADDRESS	8614 HWY. 579	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE	PCD	5.1 TITLE	
NAME	ARMWOOD, KENNETH RAY	5.2 NAME	
STREET ADDRESS	39 LAKE SIDE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTA NE	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	ARMWOOD, AARON	6.2 NAME	
STREET ADDRESS	3004 INDEPENDENCE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	6.4 CITY-ST-ZIP	

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

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
Hazel A. Orsley 8/27/97 (8/3) 689 8597

CR2E037 (497)