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 # N18059 (8)

1. Corporation Name
WOODLAND CIRCLE, INC.

Principal Place of Business	Mailing Address
53 WOODLAND CIRCLE HAINES CITY FL 33844	53 WOODLAND CIRCLE HAINES CITY FL 33844

3. Date Incorporated or Qualified: 12/03/1986
3a. Date of Last Report: 03/06/1995
4. FEI Number: 59-2780818 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

QUALKINBUSH, WILLIAM
53 WOODLAND CIRCLE
WOODLAAND CIRCLE
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

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	S	☐ DELETE
NAME	SMITH, MERLE	
STREET ADDRESS	51 WOODLAND CIR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	☐ DELETE
NAME	WARREN, CLYDE	
STREET ADDRESS	43 WOODLAND CIRCLE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	☐ DELETE
NAME	QUALKINBUSH, EVA	
STREET ADDRESS	53 WOODLAND CIR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	☐ DELETE
NAME	ZELLNER, VIRGINIA	
STREET ADDRESS	57 WOODLAND CIRCLE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	P	☐ DELETE
NAME	WARREN, ROSEMARY	
STREET ADDRESS	43 WOODLAND CIR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	☐ DELETE
NAME	NILES, NORMA	
STREET ADDRESS	21 CYPRESS RUN	
CITY-ST-ZIP	HAINES CITY FL	

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: Merle W. Smith
Merle W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-14-96

Daytime Phone #: 941-439-3172

CR2E037 (12/95)