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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000003450 (3)

1. Corporation Name

FLORIDA WOOD COUNCIL, INC.

Principal Place of Business

1303 LIMIT AVENUE
MOUNT DORA FL 32757

Mailing Address

POST OFFICE 1076
MOUNT DORA FL 32757



3. Date Incorporated or Qualified
07/11/1994

3a. Date of Last Report
08/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3269612

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMERS, GARY L ESQ.
380 WEST ALFRED STREET
TAVARES FL 32778-3298

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 DV
NAME WHIDDON, SCOTT
STREET ADDRESS PO BOX 21088 N/A
CITY-ST-ZIP FT. LAUDERDALE FL 33335 ☐ DELETE

1.1 TITLE P D ☒ Change ☐ Addition
1.2 NAME Whiddon, Scott
1.3 STREET ADDRESS POBox 21088 N/A
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33335

TITLE P
NAME BURCAW, TERRY
STREET ADDRESS 13601 US 41
CITY-ST-ZIP SPRING HILL FL 34610 ☒ DELETE

2.1 TITLE V D ☐ Change ☒ Addition
2.2 NAME Smyth, Don. Sr.
2.3 STREET ADDRESS PO Box 607399 N/A
2.4 CITY-ST-ZIP Orlando FL 32860-7399

TITLE T
NAME HOLMES, ROGERS B., JR.
STREET ADDRESS PO BOX 31301 N/A
CITY-ST-ZIP JACKSONVILLE FL 32230-1301 ☐ DELETE

3.1 TITLE S D ☐ Change ☒ Addition
3.2 NAME Wilson, Charles O.
3.3 STREET ADDRESS PO Drawer 1983 N/A
3.4 CITY-ST-ZIP Okeechobee FL 34973-1983

TITLE SV
NAME WILSON, DAVID
STREET ADDRESS PO BOX 2328 N/A
CITY-ST-ZIP SAVANNA GA 31402-2328 ☒ DELETE

4.1 TITLE T D ☐ Change ☒ Addition
4.2 NAME Gates, Dick
4.3 STREET ADDRESS PO Box 17939 N/A
4.4 CITY-ST-ZIP Tampa FL 33682

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Whiddon

1/31/97

954-763-1224

Date

Daytime Phone # 0077783

CR2E037 (9/96)