

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003450 (3)

1. Corporation Name

FLORIDA WOOD COUNCIL, INC.

Principal Place of Business

Mailing Address

1303 LIMIT AVENUE
MOUNT DORA FL 32757

POST OFFICE 1076
MOUNT DORA FL 32757-1076

3. Date Incorporated or Qualified

07/11/1994

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 5448 HOFFNER AVE.

Suite, Apt. #, etc.

22 SUITE # 308

City & State

23 ORLANDO, FL

Zip

24 32812

Country

25 USA

2a. Mailing Address

26 5448 HOFFNER AVE.

Suite, Apt. #, etc.

27 SUITE # 308

City & State

28 ORLANDO, FL

Zip

29 32812

Country

30 USA

9. Name and Address of Current Registered Agent

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

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	PD	<input type="checkbox"/> DELETE
NAME	WHADDON, SCOTT	
STREET ADDRESS	PO BOX 21088 N/A	
CITY-STATE-ZIP	FT. LAUDERDALE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMYTH, DON S	
STREET ADDRESS	P O BOX 607399 N/A	
CITY-STATE-ZIP	ORLANDO FL 99	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILSON, CHARLES O	
STREET ADDRESS	P O DRAWER 1983 N/A	
CITY-STATE-ZIP	OKEECHOBEE FL 83	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GATES, DICK	
STREET ADDRESS	P O BOX 17939 N/A	
CITY-STATE-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ED DIETRICH	
1.3 STREET ADDRESS	77 S.G. 2ND AVE.	
1.4 CITY-STATE-ZIP	DEERFIELD BEACH, FL 33443-1170	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICK GATES	
2.3 STREET ADDRESS	P.O. Box 17434 13001 N. NEBRASKA AVE.	
2.4 CITY-STATE-ZIP	TAMPA, FL 33682 TAMPA, FL 33682	

3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TERRY BURCAW	
3.3 STREET ADDRESS	13601 U.S. 41	
3.4 CITY-STATE-ZIP	SPRING HILL FL 34610	

4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHARLES GALLAGHER	
4.3 STREET ADDRESS	5330 PINKNEY AVE.	
4.4 CITY-STATE-ZIP	SHRASOTA, FL 34276	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I 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

Date

Daytime Phone #

George W. Twiler

7/01/98 (407) 380-9815

CR2E037 (5/98)