

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003450 ✓

1. Corporation Name

FLORIDA WOOD COUNCIL, INC.

Principal Place of Business

5448 HOFFNER AVENUE
STE 308
ORLANDO FL 32812
US

Mailing Address

5448 HOFFNER AVENUE
STE 308
ORLANDO FL 32812
US

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90003 041 ****61.25



2. Principal Place of Business

21 1303 limit Ave

2a. Mailing Address

26 P.O. Box 1667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3. Date Incorporated or Qualified
07/11/1994

4. FEI Number
59-3269612

Applied For
Not Applicable

23 City & State
Mt. DORA, FL

28 City & State
Mt. Dora FL

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

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

24 Zip 32757 25 Country USA

29 Zip 32756 30 Country USA

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 | PD | 1.1 TITLE | VD |
| NAME | DIETRICH, ED | 1.2 NAME | Nottingham, L.C. III |
| STREET ADDRESS | 77 S E 2ND AVENUE | 1.3 STREET ADDRESS | 515 Phelps Street |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33443-1170 | 1.4 CITY-ST-ZIP | Jacksonville, FL 32206 |
| TITLE | VD | 2.1 TITLE | PD |
| NAME | GATES, DICK | 2.2 NAME | |
| STREET ADDRESS | 13001 N NEBRASKA AVENUE/P O BOX 17939 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33682 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | SD |
| NAME | BURCAW, TERRY | 3.2 NAME | Dunn, Sam |
| STREET ADDRESS | 13601 US 41 | 3.3 STREET ADDRESS | 415 Orange Avenue |
| CITY-ST-ZIP | SPRING HILL FL 34610 | 3.4 CITY-ST-ZIP | Daytona Beach, FL 32114 |
| TITLE | TD | 4.1 TITLE | |
| NAME | GALLAGHER, CHARLES | 4.2 NAME | |
| STREET ADDRESS | 5330 PINKEY AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34276 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

7/12/99 352/385081

CR2E037 (5/99)