## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P93000033200	(5)
Corporation Name		•

1. Corporation Name  JAMES WOO	OD, INC.	`	•		
Principal Place of Busin	ness	Mailing Address		1 (dation) yid idida statt ganti gar	ir 68111 46126 ings 1114 1141 2611 2611 1611
35224 U.S. HWY 19 NORTH 1836 GROVE ST PALM HARBOR FL 34684 SUITE 2-B US SARASOTA FL 34239 US					
					3a. Date of Last Report 08/04/1995
2. Principal Place of B	Business	2a. Mailing Address 26 1836 (1	rove St.	4. FEI Number 59-3204520	Applied For Not Applicable
Suite. Apt. #, etc.		Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	29 34239	Country 30 Samosotia		s 🔼 No
	lame and Address of C	urrent Registered Agent	81 Name	10. Name and Address of New	Registered Agent
WOOD, JAME 1836 GROVE SUITE 208 SARASOTA F	ST L 34239	7.0502 and 607.1508, Flonda Statu	83 84 City S.A.	ess (P.O. Box Number is Not Accepted to the Company of the Company	FL 85 Zip Code 342.39
or registered ane	ot or both, in the State C	of Florida Such change was authoria f, Section 60, 60, 65, lorida Statute	zea by the corporation a boa	ki waka nambatngi	8/5/96
12.		(S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change
	PST	DELETE	1 1 TIFLE	PS+ Ames	Change
هه أ	OOD, JAMES 136 GROVE ST		1.2 NAME  1.3 STREET ADDRESS	100d : Ames 836 Grove S	₩
	F. PETERSBURG FL		14 CiTY - ST - Z-P	Asalota, FL	34239
CITY-ST-ZIP ST	I. TEYENODON WITE	DELETE	2 1 Tille	- 13.03 LA	Change Addition
NAME		L	2.2 NAME		
STHEET ADDRESS			2.3 STREET ADDRESS		
CITY-SI-ZIP			2 4 CITY ST - ZIF		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-Z-P		FT 65 FT	3 4 C(TY - ST - Z)F		Change Addition
TITLE		☐ DEL ETE	4 1 111116		Change Life State of
NAME			4.2 NAM:		
STREET ADDRESS			4.3 STHEET ADDRESS 4.4 CHTY - ST - ZHY		
CITY-ST-ZIP		DELETE	5 1 THE		☐ Change ☐ Addition
TITLE			5 2 NAME		<del></del>
NAME			53 STREET ADDRESS		
STREET ADDRESS			5 4 GITY - ST - ZIP		
CITY - ST - ZIP TITLE		DELETE	6 1 THLE		Change Addition
NAME		<u> </u>	6 2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			64 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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 it changed, or on an attachment with an address.

SIGNATURE:

Almes Du Wood Printed Name OF SIGNING OFFICER OR DIRECTED