FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

WOODY WAGNER, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

1. Corporation Name

100084951

Mailing Address

FILED Jun 17, 1999 8:00 am Secretary of State

06-17-1999 90009 008 ***150.00

6625 W	oody Court	6625 Woody Cou	6625 Woody Court							
Leesbu	Leesburg, FL	•			DO NOT WRITE IN THIS SPACE					
0,						3. Date Incorporated or Qualifed				
						12/06/93				
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			lied For	
21		26				59-3218819		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8	.75 ∧	dditional	
22		27				3. Certificate of Status Desired	F	ee Re	quired	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be				
23	_ _	28				_ Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible				
24	25		30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent				
<u> </u>	9. Name and Address of Curren	t Registered Agent	8	1 Nar		10. Name and Address of New Registere	u Agent			
			l"	I IVai						
	laron D. Wagner		82 Street Add			Idress (P.O. Box Number is Not Acceptable)				
ſ	625 Woody Court		83							
L	eesburg, FL 34748		•	۱"					ĺ	
			8	4 City	,	F	85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	es, the abo	ve-nam	ned corpor	ration submits this statement for the purpose	of chang	ing its r	egistered	
office or r	egistered agent, or both, in the State	of Florida. Such change was at	uthorized b	y the c	orporation	n's board of directors. I hereby accept the app	ointment	as reg	istered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Ag	ent signat	ure required v	when reinstating) DATE				
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	ND DIR	ECTO	RS IN 12	
IIILE	P/T/D	☐ DELETE	1.1 TITLE		}		□ 0	ange	Addition	
NAME	Claron D. Wagner		1.2 NAME		İ					
STREET ADDRESS	6625 Woody Court		1,3 STRE	ET ADDR	ESS					
CITY-ST-ZIP	Leesburg, FL 34748	1.4 CI		ST-ZIP	_					
TITLE	0,	☐ DELETE	2.1 TITLE		-		□ CI	ange	☐ Addition	
NAME	VP/S		2.2 NAME							
STREET ADDRESS	Arlene Wagner		2.3 STREET ADDRESS		ss					
CITY-ST-ZIP	6625 Woody Court Leesburg, FL 34748		2. 4 CITY	ST-ZIP						
TITLE	3,	☐ DELETE	3.1 TITLE				Ch	ange	Addition	
NAME			3.2 NAME	3.2 NAME						
STREET ADDRESS		,	3.3 STRE	ET ADDRE	ESS					
CITY-ST-ZIP			3.4, CITY	ST-ZIP						
TITLE	DELETE 4.1 TI		4,1 TITLE				C	ange	☐ Addition	
NAME			4, 2 NAME	•						
STREET ADDRESS			4.3 STREE	ET ADDRE	ss					
CITY-ST-ZIP			4.4 CITY-							
TITLE		☐ DELETE	5.1 TITLE				C	ange	☐ Addition	
NAME			5.2 NAME		1					
STREET ADDRESS			5.3 STRE		SS				1	
CITY-ST-ZIP			5.4 CITY-							
TITLE		☐ DELETE	6.1 TITLE				CH	ange	☐ Addition	
NAME (6.2 NAME		ļ				ļ	
STREET ADDRESS			6.3 STREI		SS				J	
CITY-ST-ZIP			6.4 CITY-							
14. I hereby o	certify that the information supplied with	th this filing does not qualify for	the exemp	tion sta	ided in Se	ection 119.07(3)(i), Florida Statutes. I further c	ertify that	the int	ormation	

indicated on this armual 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 ar 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 12 or Block 13 if changed, or on an attachment with an appears, with all other like empowered.

SIGNATURE: Claron D. Wagner: 2

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DE

(President)

06/10/99

Woody Wagner, Inc.

6625 Woody Court Leesburg, FL 34748 (352) 787-4898

577321-90009-8 P9300008 4951

June 10, 1999

Department of State
State of Florida
Division of Corporations
Annual Reports Filing
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is the corporate annual report for Woody Wagner, Inc., together with a check in the amount of \$150.00 for the filing fee. I never received the original annual report that is usually mailed out at the beginning of the year and was advised that the enclosed form and filing fee would be acceptable.

Please advise if anything further is needed.

Sincerely,

Woody Wagner, Inc.

Claron D. Wagner, President