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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

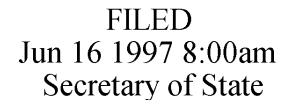
Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000012541 (6)

CUMBERLAND WOODS, INC.





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Principal Place of Business Mailing Address					(((((((((((((((((((
312 S. WASHINGTON STREET MADISON FL 32340		P.O. BOX 914 MADISON FL 32341-0914				
					3. Date Incorporated or Qualified 02/15/1994	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-3231330	Not Applicable
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State City & State				6. Election Campaign Financing	\$5.00 May Bo
23 Zip	Country	28 7up	Cour	te.	Trust Fund Contribution	L.J. Added to Fees
24	25	Zip	Coun	uy	8. This corporation has liability for in	
24]	9, Name and Address of Curren	29	30		Florida Statutes 10. Name and Address of New Reg	Yes No
TOF		it tropictored regard		Name	10, realis allo Address of New Meg	istered Agent
TODD, JOSEPH EARL JR						
312 S. WASHINGTON STREET			1	Street A	ddress (P.O. Box Number is Not Acceptable)	c)
MADISON FL 32340			-	33		
			1	~		
				34 City		FL 85 Zip Code
11. Pursuant office or r agent. La	to the provisions of Sections 607.050, registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida Such change was a alions of, Section 607.0505, Flo	es, the abo authorized orida Statu	ove-named of by the corporates.	corporation submits this statement for the proporation's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered age OFFICERS ANI		: Registered /	Agent signature r	equired when reinstating)	DATE
TITLE	D	DELETE	1,1 1111	. 1	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	TODD, JOSEPH EARL JR		1.2 NAM	1		Change Addition [
STREET ADDRESS	P.O. BOX 914 N/A			ET ADDRESS		Į į
CITY-ST-ZIP	MADISON FL 32341			-S1-ZIP		إ
TITLE	VST	DELETE	2.1 THL			Change Addition
NAME	DAVID, J.B. JR	 ,	2.2 NAM	1		; Consider El Application 1
STREET ADDRESS	420 LAKESHORE DR., S.E.			ET ADDRESS		<u> </u>
CITY-ST-ZIP	MADISON FL 32340			(-S1-ZIP		
TITLE	INDECODITION OF COLUMN	DELETE	3 1 TITL			Change Addition
NAME		-	3.2 NAM			f
STREET ADDRESS				ET ADDRESS		1
CITY-ST-ZIP			ı.	(-ST-ZIP		,
TITLE		DELETE	4.1 TiTLI			Change Addition
NAME		_	4. 2 NAN	4F		
STREET ADDRESS			435199	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME		_	5.2 NAM			
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZIP			5.4 CiTY			
TITLE		□ DELETE	61 11/1			Change Addition
NAME			6.2 NAM			
STREET ADDRESS			i i	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	Į		
	w cartifu that the information cumpling	t with this filing slape act a salf	0.4 UIIY	-31-21	d- d- 0- P 440.07(0)(2) El 11.0	

1. 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 address.

SIGNATURE:

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