

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 # P94000022486 (2)

1. Corporation Name

WOOD ASSET MANAGEMENT, INC.



Principal Place of Business

Mailing Address

2 NORTH TAMiami TRAIL
SUITE 1200
SARASOTA FL 34326

2 NORTH TAMiami TRAIL
SUITE 1200
SARASOTA FL 34326

3. Date Incorporated or Qualified
03/23/1994

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0475749

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIMM, WILLIAM A
201 E. PINE ST.
SUITE 500
ORLANDO FL 32801

81 Name Mr. Gary Wood, President

82 Street Address (P.O. Box Number is Not Acceptable)
Wood Asset Management, Inc.

83 2 NORTH TAMiami TRAIL SUITE 1200

84 City Sarasota

FL 85 Zip Code
34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent in title of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ DELETE
1.2 NAME WOOD, GARY W
1.3 STREET ADDRESS 2 N. TAMiami TR., STE. 1200
1.4 CITY - ST - ZIP SARASOTA FL 34326

2.1 TITLE ☐ DELETE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

1.1 TITLE President, Director ☒ Change ☐ Addition
1.2 NAME Gary W. Wood
1.3 STREET ADDRESS 2 N. Tamiami Tr., Ste. 1200
1.4 CITY - ST - ZIP Sarasota FL 34236

2.1 TITLE Treasurer, Director ☒ Change ☐ Addition
2.2 NAME Charlene H. Wolff
2.3 STREET ADDRESS 2 N. Tamiami Tr., Ste. 1200
2.4 CITY - ST - ZIP Sarasota FL 34236

3.1 TITLE Secretary, Director ☒ Change ☐ Addition
3.2 NAME Patricia K. Woodruff
3.3 STREET ADDRESS 2 N. Tamiami Tr., Ste. 1200
3.4 CITY - ST - ZIP Sarasota FL 34236

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 607, 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

Gary W. Wood

1/21/96

(941)361-2195

Date

Daytime Phone #

CR2E034 (12/95)