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 # P94000034105 (4)

1. Corporation Name

T.N. WOOD ENTERPRISES, INC.

Principal Place of Business
1665 FRIDAY RD
COCOA FL 32926

Mailing Address
1665 FRIDAY RD
COCOA FL 32926

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report: 02/24/1995
4. FEI Number: 59-3238303 — ☐ 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

2. Principal Place of Business
21 258 Barton Avenue, #5
Suite, Apt #, etc.
22 Rockledge, Florida
City & State
23 Rockledge, Florida
Zip 24 32955 Country 25 Brevard

2a. Mailing Address
26 Barton Commons, #5
Suite, Apt. #, etc
27 258 Barton Avenue
City & State
28 Rockledge, Florida
Zip 29 32955 Country 30 Brevard

9. **Name and Address of Current Registered Agent**

WOOD, ELAINE P
1665 FRIDAY RD
COCOA FL 32926

10. **Name and Address of New Registered Agent**

81 Name: BART R. SMITH
82 Street Address (P.O. Box Number is Not Acceptable): Barton Commons, #5
83 258 Barton Avenue
84 City: Rockledge, FL 85 Zip Code: 32955

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [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

TITLE	D	☒ DELETE
NAME	WOOD, ELAINE P	
STREET ADDRESS	1665 FRIDAY RD	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director, President	☒ Change ☐ Addition
1.2 NAME	BART R. SMITH	
1.3 STREET ADDRESS	258 Barton Avenue, #5	
1.4 CITY-ST-ZIP	Rockledge, FL 32955	
2.1 TITLE	Director, Vice President	☐ Change ☒ Addition
2.2 NAME	ANDREW J. VERDERAME	
2.3 STREET ADDRESS	258 Barton Avenue, #5	
2.4 CITY-ST-ZIP	Rockledge, FL 32955	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)