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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000034105 (4)

T.N. WOOD ENTERPRISES, INC.

Principal Place of Business Mailing Address					{ 1		
258 BARTON AVENUE #5 BARTON COMMONS. #1 ROCKLEDGE FL 32955 258 BARTON AVENUE)5				
			-				
US ROCKLEDGE FL 32955-2744 US					3. Date Incorporated or Qualified		
	ace of Business	2a. Mailing Address	1000		4. FEI Number		Applied For
21		26			59-3238303		Not Applicable
Suite, Apt	म, CRE:	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	75 Additional se Required
City & State)	City & State			6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution		ided to Fees
Ζφ	Country	Zip Cou		У	8. This corporation has liability for intangible tax		der s. 199.032,
24	[25]	29	30		Florida Statutes	Yes 🗌 No	,-
	9. Name and Address of Cur	rent Registered Agent	8	1 Name	10. Name and Address of New Reg	Istered Agent	
	TH, BART R		•	IVame	•		
	TON COMMONS, #5 BARTON AVENUE		8.	Street A	ddress (P.O. Box Number is Not Acceptable	e)	
	KLEDGE FL 32955		8.	3			
			8	1 City		Paris 85	Zip Code
11 Dure cost t	to the new joiner of Continue COTE	0E00 and C07 1E00 Florido Cla	hitaa tha aha			FL [°°]	
office of u	egistered agent, or both, in the St	ate of Florida. Such change wa	as authorized b	ve-named c by the corpo	orporation submits this statement for the proration's board of directors. I hereby accep	urpose or changi t the appointmer	ing its registered nt as registered
agent La	n fame ar with, and accept the ob	ligations of, Section 607,0505,	Florida Statut	es.			
SIGNATURE	Sign it ire, typed or printed rainle of registers of	acien, and tile it anolication. (N	NOTE Registered A	nent signature re	equired when rainstating)	DATE	
12.		AND DIRECTORS	13.	90111 219 121010 10	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	DP	DELETE	1.1 TITLE	T		☐ Cha	
NAME	SMITH, BART R		1.2 NAME				
STREET ACROPLESS	258 BARTON AVENUE, #5		1.3 STAE	T ADDRESS			
City St ZiP	ROCKLEDGE FL		1.4 CITY-	ST - ZIP			
TITLE	DVP	☐ DELETE	2.1 1ITLE			Cha	ange 🔲 Addition
NAME	VERDERAME, ANDREW J		2.2 NAME				
STREET ADDRESS	258 BARTON AVENUE, #5		2.3 STRE	ET ADDRESS			
City - ST - ZIP	ROCKLEDGE FL	55.525	2. 4 CITY	-ST-ZIP			
TITLE		☐ DELFTE	3.1 TITLE	1		L Cha	ange L Addition
NAMi			3.2 NAME	i i	•		
STREET ADDRESS				T ADDRESS			
C-TY - ST - ZIP TITLE		DELETE	3.4. C(TY 4.1 TITLE			Cha	ange Addition
NAME		E.J OLLLIE	4.1 TILE 4. 2 NAM			i cus	nge L_I Addition
STREET ADDRESS CITY-ST-ZiP			4.4 CITY	T ADDRESS			
THILE		DELETE	5.1 TITLE			Cha	inge Addition
NAME		Samuel of the same	5.2 NAME			L. Viki	a. ☐ \idoinoi)
STREET ADDRESS			1	T ADDRESS			
C-TY - \$1 - 7IP			5.4 CITY				
TITLE		DELETE	6.1 TITLE			Cha	inge Addition
NAM:			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
C 15 - S1 - ZIP			6.4 City-	ST-ZIP			
14. I do heret	y certify that the information supp	ied with this filing does not qu	alify for the ex	emotion eta	ted in Section 119.07(3)(i), Florida Statutes	I further certify	that the
in ormation Lam an of appears in	is malicated on this annual report of ficer or director of the corporation in Block, 12 or Block, 13 if changed	ir supplemental annual report i or theireceiver or trustee emp or on an attachment with an a	is true and acc lowered to exe address.	cute this rep	hat my signature shall have the same legal port as required by Chapter 607, Fiorida St	errect as if made atutes; and that	e under oath; that my name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

2-25.97

FILED

Mar 03 1997 8:00am

Secretary of State

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