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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000034105 (4)

T.N. WOOD ENTERPRISES, INC.

## **FILED** May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address		- ( 4001/RB) (10 101/1 BIRU 2041/ 001/1 601/1 001/1	HALL BIRRY HOLD BOLD! DIN 1880	
256 BARTON AVENUE #5	BARTON COMMONS. #5			
ROCKLEDGE FL 32955 US	258 BARTON AVENUE ROCKLEDGE FL 32955		DO NOT WRITE IN THIS	\$ SPACE
1 00	US		3. Date Incorporated or Qualified	
			05/02/1994	
2. Principal Place of Business	2a. Mailing Address		4. FE) Number	Applied For
21	26		59-3238303	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State	City & State			Fee Required
23	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the co	
24 25	29 30	,	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
SMITH, BART R		81 Name		
BARTON COMMONS, #5		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<del></del>
258 BARTON AVENUE				
ROCKLEDGE FL 32955		83		
		84 City		■ B5 Zip Code
			F	<del></del>
office or registered agent, or both, in the	State of Florida, Such change was author	prized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap-	of changing its registered pointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature typed or printed marrix of registr	(NOI) - Does de la contraction del contraction de la contraction d	gistered Agent signature require	ed when reinstating) DATE	
	IS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE DP		1.1 TITLE	7.007.107.007.007.007.007.007.007.007.00	☐ Change ☐ Addition ♀
NAME SMITH, BART R	1	1.2 NAME		2
STREET ADDRESS 258 BARTON AVENUE,	<b>#</b> 5	1.3 STREET ADDRESS		
CITY-ST-ZIP ROCKLEDGE FL		1.4 CITY - ST - ZIP		
TITLE DVP		2.1 TITLE		Change Addition C
NAME VERDERAME, ANDREW		2.2 NAME		
STREET ADDRESS 258 BARTON AVENUE,	#5	2.3 STREET ADDRESS		
CITY-ST-ZIP ROCKLEDGE FL	- I out to	2. 4 CITY- ST-7IP		The same
TITLE		3 1 11TLF		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	کے کالیوال	4. 2 NAME		C Orlange C Addition
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	i	4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME	- 1	5.2 NAME		
STREET ADDRESS	Ĭ	5.3 STREET ADDRESS		
CITY-ST-ZIP	4	5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		62 NAME		-
STREET ADDRESS	1	6.3 STREET ADDRESS		
CITY-ST-ZMP		6.4 CITY - ST - ZIP		

14. I 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 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.