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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000043770**

1. Corporation Name

TERRY WOOD, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90018 029 ***150.00



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					_	- 1 18 5 3 0 14 5 3 (1) 3 (1)		ARRIKUL IRBU I	EBIL SAIS (BB)		
Principal Place	e of Business	Mailing Address									
319 GREEN ACI	RES ROAD	319 GREEN ACRES ROAD			j	}					
FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547						DO NOT WRITE IN THIS SPACE					
								EIN IMIS	SPACE		
						1	ate Incorporated or Qualifed				
							5/08/1994				
2. Principal Pl	lace of Business	2a. Mailing Address					El Number			plied For	
21 309 BC	OB SIKES ROAD		108 BEAL PKWY S			59) 3252098			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 C4	ertifcate of Status Desired		\$8.75 A			
22		27]				Fee Re	equired	
City & State	9	City & State		_		6. El	ection Campaign Financing		\$5.00	May Be	
23 FORT W	WALTON BEACH, FL	28 FT WALTON BEAC	ЭН,	FL		Tn	ust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Coun			8. Th	is corporation owes the curre	ent year Inta	ngible	ł	
24 32547	25 USA	29 32547 30	US	Α		Pe	ersonal Property Tax.		☐ Yes	□No _	
	9. Name and Address of Current	Registered Agent				10. Na	ame and Address of New R	egistered A	gent		
				81 N	lame						
Mari	LER, THOMAS M		Į.	-	TERRY MARLER						
319 GREEN ACRES ROAD			ľ	82 Street Address (P.O. Box Number is Not Acceptable) 309 BOB SIKES ROAD							
FORT	F WALTON BEACH FL 32547		1	83							
					<i>-</i> • • •	· .		^_			
			Ţ	84 C	FORT WALTON BEACH FL 85 Zip Code 32547						
		1500 Et 11 Oct 1	<u> </u>	l_							
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida, Such change was author	orized	by the	amed corporation	ration st n's board	d of directors. I hereby accep	t the appoin	tment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statut	tes.	•		•			ľ	
SIGNATURE		•								<u> </u>	
0.	Signature, typed or printed name of registered agent ϵ			lgent sig	nature required w			DATE			
12.	OFFICERS AND	A	13.			ADI	DITIONS/CHANGES TO OF	-ICERS AND			
πLE	PD	/DELETE	1.1 TITL	E					☐ Change	☐ Addition	
NAME	MARLER, THOMAS M	/ \	12NAW	Æ						ļ	
STREET ADDRESS	319 GREEN ACRES ROAD		1.3 STR	EET AD	DRESS						
CITY-ST-ZIP	FORT WALTON BEACH FL		1.4 CITY	Y-ST-ZII	Р .						
TITLE	VPD	☐ DELETE	2.1 TITL	E	PD		<u></u>		Change	☐ Addition	
NAME !	MARLER, TERRY A		2,2 NAN	Æ	1					1	
STREET ADDRESS	319 GREEN ACRES ROAD		i		DRESS 3.00	BUB	SIKES ROAD				
	FORT WALTON BEACH FL	v.		Y-ST-Z	12	DUD	TIVES KOWD				
CITY-ST-ZIP	TOTAL MACTOR DEADLES	[] DELETE	3.1 TITL						Change	Addition	
TITLE		ב., טבנבוב	2.7 MAN							}	

6.4 CITY-ST-ZIP 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, with an other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Daytime Phone #

Change

☐ Change

☐ Change

Addition

Addition

Addition