FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLOR,DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # P94000046693 (5)
1. Corporation Name

WOODS CREEK PLANTATION, INC.

Mailing Address



| 440 SO. JEFFERSON STREET MONTICELLO FL 32344 | | | 440 SO. JEFFERSON STREET MONTICELLO FL 32344 | | | | | | | | |
|---|---|-----------------------------|---|----------------|----------------------|---|--|-------------|-------------|--------------------------------|--------------------------|
| | | | | | | | Date Incorporated or 06/22/1994 | Qualified | | e of Last F /07/19 9 | X 5 |
| 2. Principal Pla | ace of Business | 2a. Mailing Addre | 2a. Mailing Address | | | 4. | FEI Number | | | | Applied For |
| 21 | | 26 | 26 | | | | 59-3342247 | | | | Not Applicable |
| Suite, Apt. (| #, etc. | Suite, Apt #, | Suite, Apt. #, etc. | | | 5. | Certificate of Status I | Desired | | | 5 Additional Required |
| City & State | | City & State | ∤ | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | | |
| Zip | Country | Zip | Co | Country | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | | s 199.032, |
| 24 | 25 | 29 | 30 | | | | Florida Statutes | ☐ Yes | | | |
| | 9. Name and Address of Cu | | | | | 10. Name and Address of New Registered Agent | | | | | |
| 440 S. Ji | , randy B ESQ. Efferson St. Ello Fl 32344 | | | 81 82 83 | | lress (P.0 | O. Box Number is No | t Acceptab | le) | | |
| | | | | 84 | City | | | | FL | 85 2 | Zip Code |
| familiär wit | red agent, or both, in the State of th, and accept the obligations of, Supporter trail or partial name of registers | Section 607.0505, Florida 5 | Statutes | | ot superfine require | | | | | | |
| 12. | | S AND DIRECTORS | [13 | | | | ADDITIONS/CHANG | S TO OFF | CERS AN | D DIRECT | ORS IN 12 |
| TITLE | D | DELE | ΓE † | TITLE | | | | | | ☐ Charge | ☐ Add∗tion |
| NAME | ROWELL, RANDY | | 12 | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 440 SO. JEFFERSON STF | EET | 13 | STREE | FADDRESS | | | | | | |
| City-St-7IP | MONTICELLO FL 32344 | | 14(| | ST - ZtP | | | | | | |
| TITLE | | C DELE | TE 2 | TITLE | | | | | | Change | e 🔲 Addition |
| NAME | | | 2 2 | NAME | | | | | | | |
| STREET ALDRESS | | | 2.3 | STREE | T ADDRESS | | | | | | |
| City - St - ZiP | | | 2.4 | CHY | SI - ZIF | | | | | | |
| TITLE | | ☐ DELI | TE 3 | THE | Ì | | | | | ☐ Change | e 🔲 Addition |
| NAME | | | 3.2 | NAM: | | | | | | | |
| STREET ACCRESS | | | 3.3 | STREE | LADDRESS | | | | | | |
| CITY-ST-ZIP | | | | CITY - | | | | | | | |
| TITLE | | [] DELI | | 1 TITLE | | | | | | ☐ Change | e 🔲 Addition |
| NAME | | | | NAME | | | | | | | |
| STREET ADORESS | | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | F2 65. | | CITY - | ST-ZIP | | | | | ☐ Change | e 🗍 Addition |
| TITLE | | DELI | | 1 TITLE | | | | | | U Ullality | s [] Mudition |
| NAME | | | | NAME | | | | | | | |
| STREET ADDRESS | | | | | LADORESS | | | | | | |
| CITY - ST - ZIP | | DEL | | CITY | | | | | | Change | e |
| THILE | | [] t/tt | | 1 Talle | i . | | | | | | C Madeilla |
| NAME | | | | NAME | | | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | | | |
| CITY - ST - ZIP | by certify that the information sup- | | 64 | CITY | SI-ZP | | | Section 110 | 07/29/-/\ 5 | torida Ctar | tutos I fuetos |

14. I do horeby certify that the information supplied with the highest stated in section 1750 horeby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if elamost, or on an artiful ment with an address.

SIGNATURE:

CHANGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96

904)997.034