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95 MAY -1 PM 4: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000049851**
1. Corporation Name **JEFF WOOSTER, INC.**

Principal Place of Business Mailing Address
**3298 HURRICANE DRIVE
LANTANA FL 33462**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **7/94** 3a. Date of Last Report **7/94**
4. FEI Number **65-0500463** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ Fee Required ☐
6. Election Campaign Financing ☐ \$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 2a. Mailing Address
21 **SAME** 26 **SAME**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip Country 25 29 Zip Country 30

9. Name and Address of Current Registered Agent
**JEFF WOOSTER
3298 HURRICANE DRIVE
LANTANA FL 33462**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **[Signature]** DATE **4-27-95**
(Signature, last and or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, VICE PRES, SECY	1.1 TITLE	☐ Change ☐ Addition
NAME	JEFF WOOSTER	1.2 NAME	
STREET ADDRESS	3298 HURRICANE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	500001476665
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-05/05/95--01007--014
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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 of this form, or on an attachment with an address.

SIGNATURE: **[Signature]** DATE: **4-27-95** Daytime Phone # **[Signature]**