

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

DIVISION OF CORPORATIONS

1996 2-996

B-942

C

DOCUMENT # P94000064399 (6)

1. Corporation Name

WOODS PETROLEUM, INC.



Principal Place of Business

906 OLD GROVE MANOR  
JACKSONVILLE FL 32207

Mailing Address

906 OLD GROVE MANOR  
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 9. Name and Address of Current Registered Agent

BLACKBURN, BRYAN  
1921 DEWEY PLACE  
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified  
08/31/1994

3a. Date of Last Report  
07/07/1995

4. FEI Number

59-3267418

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

(Sign, print, type, or print name of the person signing this statement)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	DPST	<input type="checkbox"/> DELETE
2. NAME	WOODS, BARRY	
3. STREET ADDRESS	906 OLD GROVE MANOR	
4. CITY-ST-ZIP	JACKSONVILLE FL 32207	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY-ST-ZIP	
5. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY-ST-ZIP	
9. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY-ST-ZIP	
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY-ST-ZIP	
17. 17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Barry G Woods BARRY G WOODS Pres. 2/6/96 (904) 743-3633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)