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 # **P94000088557**1. Corporation Name

TULLY/WOODMANSEE INTERNATIONAL, INC.

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90083 044 ***158.75



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Principal Place	e of Business	Mailing Address			ANI 119 (NI)! AISII DAIIS B		19181 19191 91141		
1088 U.S. 27 NORTH 1088 U.S. 27 NORTH LAKE PLACID FL 33852 LAKE PLACID FL 33852				Ì	DO NOT WRITE IN THIS SPACE				
				3. Date Incor 12/05/1	porated or Qualifed				
2. Principal Place of Business 21 2938 Kenilworth Blw. 26 2928 Kenilu			oth Blue	4. FEI Numb				oplied For ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	-	5. Certifcate	of Status Desired	×.	\$8.75./ Fee Re		
City & State City & State City & State Zip Country Zip Zip			<u> </u>	I	ampaign Financing f Contribution		\$5.00 Added		
Zip 24 3387		ountry	8. This corporation owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			□No			
 -	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and	Address of New	Kegisterea	Agent		
TULL	LY, MARGO								
1088	B U.S. 27 NORTH		ddress (P.O. Box No 928 Keni	ress (P.O. Box Number is Not Acceptable) 28 Ken I Worth 13 lud.					
LAN	E PLACID FL 33852		83						
			84 City 5	bebring		FL	. 3	^{Code} 3870_	
office or r	egistered agent, or both, in the Stat	502 and 607.1508, Florida Statutes, the e of Florida. Such change was authoriz pations of, Section 607.0505, Florida St	ed by the corpor		nis statement for the ctors. I hereby acce	purpose of pt the appoi	changing its intment as re	registered egistered	
SIGNATURE								·	
40	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Registe		quired when reinstating) ADDITIONS	S/CHANGES TO OF	FICERS AN	ND DIRECTO	ORS IN 12	
TITLE	PDS	#18 B#120 : \$110	TITLE		5,0.0.0.000.00	4	Change	Addition	
NAME	TULLY, MARGO					, n		• {	
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NAME	ľ		2 NAME				-		
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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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: