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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000093433 (8)

WOOD AGAIN, INC.

| Principal Place of Business               | Mailing Address                           |  |  |
|---|---|--|--|
| 8779 EXETER STREET<br>FORT MYERS FL 33907 | 8779 EXETER STREET<br>FORT MYERS FL 33907 |  |  |
| TOTAL MILLION CO GOOD!                    | TON WIEND IE 33307                        |  |  |

## **FILED** Mar 26 1998 8:00am Secretary of State



| Principal Plac   | ce of Business                                     | Mailing Address                    |   |  |                                       |  |  |
|--|--|------------------------------------|---|--|---------------------------------------|--|--|
|  |  |                                    | 1   |  |                                       |  |  |
| B779 EXETER STREET   B779 EXETER STREET   FORT MYERS FL 33907   FORT MYERS FL 33907  |  |                                    | 1   |  |                                       |  |  |
|  |  | TOTAL MILITORE SOCI                |   | DO NOT WRITE IN  | THIS SPACE                            |  |  |
|  |  |                                    |   | 3. Date Incorporated or Qualified  |                                       |  |  |
| A Dringing C   | Place of Business                                  |                                    |   | 12/27/1994   |                                       |  |  |
|  | Tace of Business                                   | 26. Mailing Address                | . Ja. w.,                                   | 4. FEI Number  | Applied For                           |  |  |
| Suite, Apt.  | # etc  | 26 3706 14 etc.                    | rcantile Ax                                 | 65-0535915   | Not Applicable                        |  |  |
|  | mercantile Are.                                    | 27                                 |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required        |  |  |
| City & Stat  | to   | City & State                       | ·   | 6. Election Campaign Financing   | · · · · · · · · · · · · · · · · · · · |  |  |
| 23 Napl  | les, FL  | 28 Naples of                       | <u>~L</u>                                   | Trust Fund Contribution  | \$5.00 May Be Added to Fees           |  |  |
| Zip  | Country  | Zip                                | Country                                     | 8. This corporation owes or has paid to  |                                       |  |  |
| 24 3410  | 1-71 - 0 1   |                                    | M2O 🖟                                       | Personal Property Tax due June 30.   | X Yes ☐ No                            |  |  |
|  | g. Name and Address of Curre                       | nt Registered Agent                | 81 Name                                     | 10. Name and Address of New Regist   | ered Agent                            |  |  |
| RE   | DD, KIMBERLY K                                     |                                    |   |  |                                       |  |  |
| 877  | 79 EXETER STREET                                   |                                    | 82 Street Addre                             | ess (P.O. Box Number is Not Acceptable)  |                                       |  |  |
| FORT MYERS FL 33907  |  |                                    | 3720  | 17th Are. SW.  |                                       |  |  |
| ļ  |  |                                    | 83  |  |                                       |  |  |
|  |  |                                    | 84 City,                                    | <u></u>  | - 85 Zip Cpde                         |  |  |
| dd Duraunnt  | to the manisian of Continue COT OF                 | 20 - 1007 4500 51                  | <u> </u>                                    | O les  | FL 1 1.34117 1                        |  |  |
| 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 607.0505, Florida Statutes. |  |                                    |   |  |                                       |  |  |
| agent. I a   | im familiar with, and accept the oblig             | zlions 1, Section 607.0505, Flori  | da Statutes.                                | , and a second s | 1/00                                  |  |  |
| SIGNATURE  | Signal de hyper of printies name of repetiment age | erd and Min if applicable (NOTE: F | Posident Registered Agent signature require | ·  | 178                                   |  |  |
| 12.  |  | ID DIRECTORS                       | 13.   | ADDITIONS/CHANGES TO OFFICERS  | S AND DIRECTORS IN 12                 |  |  |
| TITLE  | P  | DELETE                             | 1.1 TITLE                                   | ADDITIONO NAMED TO STATELY   | Change Addition                       |  |  |
| NAME   | REDD, KIMBERLY K                                   |                                    | 1.2 NAME                                    |  |                                       |  |  |
| STREET ADDRESS   | 8779 EXETER ST                                     |                                    | 1.3 STREET ADDRESS                          |  |                                       |  |  |
| CITY-ST-ZIP  | FT MYERS FL  |                                    | 1.4 CITY - ST - ZIP                         |  |                                       |  |  |
| TITLE  | ST   | ☐ DELETE                           | 2.1 TITLE                                   |  | Change Addition                       |  |  |
| NAME   | KOEBERT, LINDA                                     |                                    | 2.2 NAME                                    |  |                                       |  |  |
| STREET ADDRESS   | 8779 EXETER ST                                     |                                    | 2.3 STREET ADDRESS                          | •  |                                       |  |  |
| CITY-ST-ZIP  | FT MYERS FL  |                                    | 2. 4 CITY-ST-ZIP                            |  |                                       |  |  |
| TITLE  | V  | ☐ DELETE                           | 3.1 TITLE                                   |  | Change Addition                       |  |  |
| NAME   | HILT, KEVIN J                                      |                                    | 3.2 NAME                                    |  |                                       |  |  |
| STREET ADDRESS   | 8779 EXETER STREET                                 |                                    | 3.3 STREET ADDRESS                          |  |                                       |  |  |
| CITY-ST-ZIP<br>TITLE   | FT. MYERS FL                                       | DELETE                             | 3.4 CITY-ST-ZIP                             |  | Character Carry                       |  |  |
| NAME   |  | C) percit                          | 4.1 TITLE                                   |  | ☐ Change ☐ Addition                   |  |  |
| STREET ADDRESS   |  |                                    | 4. 2 NAME                                   |  |                                       |  |  |
| CITY-ST-ZIP  |  |                                    | 4.3 STREET ADDRESS                          |  |                                       |  |  |
| TITLE  |  | DELETE                             | 4.4 CITY-ST-ZIP<br>5.1 TITLE                |  | Change Addition                       |  |  |
| NAME '   |  |                                    | 5.2 NAME                                    |  | C outrigo C Monitori                  |  |  |
| STREET ADDRESS   |  |                                    | 5.3 STREET ADDRESS                          |  | 1                                     |  |  |
| CITY-ST-ZIP  |  |                                    | 5.4 CITY-ST-ZIP                             |  |                                       |  |  |
| TITLE  |  | DELETE                             | 6.1 TITLE                                   |  | Change Addition                       |  |  |
| NAME   |  |                                    | 6.2 NAME                                    |  |                                       |  |  |
| STREET ADDRESS   |  |                                    | 6.3 STREET ADDRESS                          |  |                                       |  |  |
| CITY-ST-ZIP  |  |                                    | 6.4 CITY - ST - ZIP                         |  | Ī                                     |  |  |
|  |  |                                    |   |  |                                       |  |  |

thereby 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 roport or supplemental annual roport 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 13 if changed, or on an attactment with an address.

941-436-1899