PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500005082

1. Corporation Name

MARSHALL E. WOOD, P.A.

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Principal Plac	e of Business		Ma	iling Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
303 CENTRE ST 303 CENTRE ST							•	`			
STE 100			STE 100 ·					ļ			
				FERNANDINA BEACH FL 32034				DO NOT WRITE IN THIS SPACE			
US			US					3. Date Incorporated or Qualifed			
								01/18/1995			
	lace of Business		2a.	Mailing Address				4. FEI Number		Applied	For
21	·		26					59-3289031		Not App	
Suite, Apt.	#, etc.		L,	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	75 Additi	
22				27				V. 30.1100.0 0.1 0.1110.0 0.0 0.1	Fee	e Require	∌d
City & State			City & State					6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution	Add	ded to Fe	es
Zip	Country			Zip Country				8. This corporation owes the current year Intangible			
24	25		29		30	т—		Personal Property Tax.	☐ Yes	N	0
Name and Address of Current Registered Agent							Γ.,	10. Name and Address of New Registered	Agent		
wor	IIAHPONA OC	E				81	Name				
WOOD, MARSHALL E						82	Street Ac	Iress (P.O. Box Number is Not Acceptable)			
303 CENTRE ST STE 100											
		11 51 00004				83	i				
PERI	nandina beac	H FL 32034				84	City		log :	Zip Code	
						04	City	FI	L 85 ²	Tib Code	
11. Pursuant	to the provisions of	of Sections 607.0502	and 60	7.1508, Florida Statu	tes, the a	bove	-named co	orporation submits this statement for the purpose of	f changing	g its regis	tered
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.											
	iii iziiiiigi wiiii, zi	id accept the obligation	: :	06011017 007.0000, 11	orida Otal	ulco.	•				Į
SIGNATURE	Signature, typed or print	ted name of registered agent	and title if	applicable. (NOT	E: Registered	Agen	t signature requ	guired when reinstating) DATE			-
12.		OFFICERS AND			13.	_ <u></u> -		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS II	N 12
TITLE	D			DELETE	1.1 TI	TLE			Chan	nge 🗀	Addition
NAME (WOOD, MARS	HALL E			1.2 N	AME	ļ)
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CITY-ST-ZIP	AMELIA ISLAN					TY-ST					
TITLE				☐ DELETE	2.1 TI				☐ Chan	nge 🗆	Addition
NAME					22 N		Ì		_		·
STREET ADDRESS							ADDRESS				
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CITY-ST-ZIP				☐ DELETE	3.1 TI	ITY-S	1-232		Chan	10e [Addition
	•			_ Delete						·9~ ∐	, , , , , , , , , , , , , , , , , , , ,
NAME	2	•			3.2 N		4000ccc				
STREET ADDRESS							ADDRESS				ļ
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STREET ADDRESS					5.3 S1	REET	ADDRESS				
CITY-ST-ZIP					5.4 CI	TY-ST	-ZIP				
TITLE		-		☐ DELETE	6.1 77	TLE			☐ Chan	ige 🔲	Addition
NAME	,				6.2 N/	ME					1
STREET ADDRESS		•			6.3 ST	REET	ADDRESS				ĺ

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 of 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 changel, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90018 004 ***150.00

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