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FILED
Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000006564 (5)

1. Corporation Name

WOOD YOU OF MANDARIN, INC.

Principal Place of Business

11148 SAN JOSE BLVD.
JACKSONVILLE FL 32223

Mailing Address

11148 SAN JOSE BLVD.
JACKSONVILLE FL 32223-7942



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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANKENSHIP, CHARLES
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

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 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
BLANKENSHIP, CHARLES
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
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JOHNSTON, ALTON
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JACKSONVILLE FL 32206

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

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2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
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JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
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JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

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JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

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2320 N. LIBERTY ST.
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4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
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JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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JACKSONVILLE FL 32206

4.3 STREET ADDRESS ☐ Change ☐ Addition

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JACKSONVILLE FL 32206

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
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JACKSONVILLE FL 32206

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

5.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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JOHNSTON, ALTON
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JACKSONVILLE FL 32206

5.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

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JACKSONVILLE FL 32206

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
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JOHNSTON, ALTON
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JACKSONVILLE FL 32206

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

6.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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JOHNSTON, ALTON
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

6.3 STREET ADDRESS ☐ Change ☐ Addition

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JOHNSTON, ALTON
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6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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14. I do 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0043089

CR2E034 (9/96)