

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra H. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G05694** (6)
1. Corporation Name **P95000006564**
WOOD YOU OF MANDARIN, INC.

Principal Place of Business Mailing Address
11148 San Jose Blvd. JACKSONVILLE FL 32223
2320 N. LIBERTY STREET JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **1-23-95**
4. FEI Number **59-2895600** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Incurred
6. Election Campaign Financing Trust Fund Contribution \$5.00 May be Added to Fees
8. This corporation owns or has paid the current year intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc	26. Suite, Apt. #, etc
23. City & State	27. City & State
24. Zip	28. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**WEEDON, GERALD W
1200 RIVERPLACE BLVD., SUITE 000
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City **FL** 05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLANKENSHIP, CHARLES H	
STREET ADDRESS	2320 N. LIBERTY STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32206	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHNSTON, ALTON	
STREET ADDRESS	420 MOCKINGBIRD LANE	
CITY- ST- ZIP	AUBURN AL 36830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

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***150.00

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 changing, or on an attachment.

SIGNATURE *[Signature]* DATE **5 30 98** **AM 354 03011**

CR2534 11097