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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State. DIVISION OF CORPORATIONS

1996

P95000018477 (6) **DOCUMENT #**

WOODS & WATER MAINTENANCE, INC. Principal Place of Business Mailing Address 705 MAPLE DRIVE 705 MAPLE DRIVE MARGATE FL 33063 MARGATE FL 33063 3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1995 4, FLI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0559034 Not Applicable 21 26 Suite, Apt. #. etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 Žφ Country 8. This corporation has liability for intangible tax under s. 199.032. Zip Country Yes No 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TILLEM, SCOTT Street Address (P.O. Box Number is Not Acceptable) 3284 N. STATE ROAD 7 83 LAUDERDALE LAKES FL 33319 Zip Code City 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Special ported name of replacers against 4 the displacement (NOTE: Play detect Agent suprature regarded when receipting) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change ☐ Addition DELETE 1 1 TITLE TITLE HALL, RALPH E SR. 1.2 NAME NAME 605 MAPLE DRIVE 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 33063 1.4 CITY - \$1 - ZIP CITY-ST-ZIP SVD DELETE 2 1 TITLE Change Addition TITLE HALL, RALPH E JR. 2.2 NAME NAME 705 MAPLE DRIVE 2.3 STREET ADORESS STREET ADDRESS MARGATE FL 33063 CITY - ST- ZIP 2.4 CHY-SI-7IF Addition DELETE 3 1 TIFLE THE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C(TY - ST - Z(P) CITY-ST-ZIF Addition DELETE TITLE 4 1 1016 NAME 4.2 NAME 400001818204 -05/13/96--01029--016 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-ST-ZIP nc tibbA DELETE ***200.00 5 1 DTcE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - \$1 - 706 DITY-ST-ZIP Add tion DELETE 6.1 1111.6 ☐ Change TITLE 6.2 NAME NAME € 3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 florida Statutes, and that my name KAPL HALL TR

6.4 CITY - \$1 - ZIF

SIGNATURE!

STREET ADDRESS

CITY-ST-ZIP

4-26-96 98 922-2728

CR2E034 (12/95)