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

**PROFIT** . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90186 039 \*\*\*150.00

## DOCUMENT # P95000031696

1. Corporation Name

BRENDA	WOOD ENTERPRISES, IN	L							
Principal Plac	e of Business	Mailing Address				- I (BUILED) in chief britt beitt enter som conservation in		#	
27046 KINDLEWOOD LANE		27046 KINDLEWOOD LANE	27046 KINDLEWOOD LANE						
BONITA SPRSINGS FL 34134		BONITA SPR5INGS FL 33923				DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualified			
						04/21/1995			l
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number Applied For			
	iace of Eddinoss	26				65-0583258		Applicable	1
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				_ \$8	.75 A	dditional	
22		27	27			5. Certifcate of Status Desired  F	ee Re	quired	
City & Stat	e	City & State	City & State					May Be	
23		28				Trust Fund Contribution A	dded to	Fees	
Zip	Country	Zip	_ Cou	ntry		8. This corporation owes the current year Intangible			
24 <u>·</u>	25	29 3	0)			Personal Property Tax.		□No	ł
	9. Name and Address of Curre	nt Registered Agent		81 Nai	ne	10. Name and Address of New Registered Agent		-	1
WOI	FE, DAVID L ESQ.				'	wood, Brenda S			
	00 SPANISH WELLS BLVD					ss (P.O. Box Number is Not Acceptable)			
	E 220			83		anous Kindlewood Lane			l
	IITA SPRINGS FL 34135					,			
				84 City	R	onita Springs FL 85	Zip C	134	
11 Purcuant	to the provisions of Sections 607 05	02 and 607.1508. Florida Statutes	, the a	bove-nam		estion authority this statement for the number of chang	ina ite	registered	1
office or i	registered agent, or both, in the State	of Florida. Such change was auti	norized	by the c	orporatio	nation submits this statement for the purpose of changer's board of directors. I hereby accept the appointment	as reg	jistered	
		ations of, Section 807.0505, Piorio	a Siai	ues.		1/8/9	9		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered	Agent signat	ure required	when reinstating) DATE	<i></i>		] ;
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIF			3
TITLE	D	☐ DELETE	1.1 π	TLE		,c	nange	☐ Addition	3
NAME	WOOD, BRENDA S		1.2 N	ME					3
STREET ADDRESS			1.3 S	REET ADDR	SS				}
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NAME									
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NAME		_	5.2 N			· ,			
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CITY-ST-ZIP			5.4 C	TY-ST-ZIP					]
TITLE		☐ DELETE	6.1 TI	TLE			hange	☐ Addition	
NAME			6.2 N	AME					
	į.		620	TREET ADDR	-99				1

14. 1 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP