FILÈ NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

DOCUMENT # 1. Corporation Name	P95000044660	(5)

WOOLINGTON ENTERPRISE INC.

1683 FOLKSTONE RD TALLAHASSEE FL 32312

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE

21

Principal Place of Business

Malfing Address

2a. Mailing Address

Suite, Apt. #, etc.

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1683 FOLKSTONE RD TALLAHASSEE FL 32312

FILED May 06 1997 8:00am Secretary of State



Sa. Date of Last F

Applied For

\$8.75 Additional

Not Applicable

3. Date incorporated or Qualified

06/09/1995

5. Certificate of Status Desired

22			27	•			5. (Certificate of Sta	itus Desired				equired :
23	City & State		Oity & State					Election Campa Trust Fund Con					May Be
	Zip	Country	Zip	Count	lry			This corporation		r Intendible t			to Fees
24		25	29	30				Florida Statutes		s DNo	No. ALIEN	ט וט	100.00E,
		9. Name and Address of Curre	int Registered Agent		*******		10.	Name and Add	ress of New	Registered	Agent		······································
						Name			v				
	WOLL	NGTON, WILLIAM A III			2	Street Ad	drace (D.C	Boy Alumber	in Mai Accorde	blet .			
1683 FOLKSTONE RD]*	2 Street Address (P.O. Box Number is Not Acceptable)									
	TALLA	HASSEE FL 32312		ā	13			- 111- 11- 11- 11- 11- 11- 11- 11- 11- 			***************************************		,
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		•		1	4	City				FI	85	Zip	Code
	Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida St	atutes, the above	e-na	med corp	oration su	bmits this state	ment for the pu	proose of ch	anging	its re	oistered office
	or register familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was auth	orized by the co	rpor	ation's bo	ard of dire	ectors. I hereby	accept the app	pointment as	registo	ered (gent. I am
		in any accept the congestoris on pac	onon oor bood, nonda glat	J100.									
	NATURE _	Signature, typed or portled name of registered ager	nt and title II applicable.	NOTE: Registered A	gent e	ignatura requi	red when rein	stetinol		DAYE			
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14	. I do hereb	y certify that the information supplied the information indicated on this and	with this filing is voluntarily			***************************************						taliste	s. I further
}	oath, that	the information indicated on this and am an officer or director of the corp	riual report or supplemental Poration or the receiver or tri	annuai report is Jales empowers	true d to	and accure t	rate and this record	that my signatures by	e shall have th	e same lega	effect	BS II	made under