

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 MAR 28 AM 11: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000057833 (2)

1. Corporation Name

WOOD YOU OF DAVIE, INC.

Principal Place of Business

SUITE 201 - NEWELL BUILDING
101 LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656

Mailing Address

SUITE 201 - NEWELL BUILDING
101 LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

2a. Mailing Address

21 298 LAWRENCE BLVD
Suite, Apt. #, etc.

26 R.D. 1118
Suite, Apt. #, etc.

22 City & State
23 Keystone Heights, FL

27 City & State
28 Keystone Heights, FL

24 Zip 32656
25 Country USA

29 Zip 32656
30 Country USA

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

4. FEI Number

59-332 7557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NEWELL, PAUL D
SUITE 201 - NEWELL BUILDING
101 LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's name is required when relating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DRAPER, H. EDWARD
STREET ADDRESS 13 EMERY LANE
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☐ DELETE

NAME DRAPER, PATRICIA S
STREET ADDRESS 13 EMERY LANE
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001761264
-03/28/96--01051--008
****200.00 ****200.00

1/27/96 3-28-96

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 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

1/27/96 (904) 973-3360
Daytime Phone

CR2E034 (12/95)