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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083960 (1)

THE WOODS GROUP, INC. Principal Place of Business Mailing Address 380 S. STATE ROAD 434, STE. 1004-158 380 S. STATE ROAD 434. STE. 1004-158 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 3. Date Incorporated or Qualified 3a. Date of Last Report 10/30/1995 07/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3341987 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z_{iD} Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Ves □ No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WOODS, KEVIN L 380 S. STATE ROAD 434, STE. 1004-158 Street Address (P.O. Box Number is Not Acceptable) 82 **ALTAMONTE SPRINGS FL 32714** 83 City 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 signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. (96/6) TITLE DELETE 1.1 TITLE Change Addition WOODS, KEVIN L 1.2 NAME NAME 380 S. STATE ROAD 434, STE. 1004-158 1.3 STREET ADDRESS STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** 1.4 CITY - ST - ZIP City-St-Zif DELETE Change Addition TITLE 21 TITLE WOODS, DAWN C NAME 22 NAME 380 S. STATE ROAD 434, STE. 1004-158 2 3 STREET ADDRESS STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** 2 4 CITY-ST-ZIP CIPY - ST-ZIF DELETE ☐ Change Addition TITLE 3.1 7ITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP City - St. 7t8 DELETE Change Addition THE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 4.4 CiTY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHTY-ST-ZIF DELETE Change Addition THLE 61 TIFLE NAMÉ 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City-St-ZiP CITY-SI-7P 14. I do hereby certify that the information supplied with this filling 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 intachment with an address.