

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000085292 (7)

1. Corporation Name

WOODROW ENTERPRISES, INC.



Principal Place of Business

P O BOX 3913  
LAKELAND FL 33802

Mailing Address

P O BOX 3913  
LAKELAND FL 33802

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2034 VOLTAIRE

26

4. FEI Number

65-0643084

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LAKELAND FL

28

Zip

Country

Zip

Country

24 33801

25

POLK

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$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

10. Name and Address of New Registered Agent

CUNDIFF, WOODROW M  
2034 VOLTAIRE  
LAKELAND FL 33801

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 filer, if applicable)

Signature (typed or printed name of registered agent and filer, if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CUNDIFF, WOODROW M  
STREET ADDRESS 2034 VOLTAIRE  
CITY-ST-ZIP LAKELAND FL 33801

TITLE  
NAME  
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CITY-ST-ZIP

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1. TITLE  
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5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

25. TITLE  
26. NAME  
27. STREET ADDRESS  
28. CITY-ST-ZIP

29. TITLE  
30. NAME  
31. STREET ADDRESS  
32. CITY-ST-ZIP

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

DATE

Daytime Phone #

CR2E034 (12/95)