

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95 0000 85639

1. Corporation Name

WOODS BROS., INC.

Principal Place of Business

Mailing Address

1859 West Pine Island Road
Plantation, Florida 33322

2. Principal Place of Business

2a. Mailing Address

21 1859 W. Pine Island Rd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Plantation, FL

28

Zip

Country

Zip

Country

24

33322

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

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

10. Name and Address of New Registered Agent

Daniel Woods
1859 West Pine Island Road
Plantation, Florida 33322

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

Daniel Woods, Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

4/17/96
DATE

12. OFFICERS AND DIRECTORS

TITLE P/D/C/T ☐ DELETE
NAME Daniel Woods
STREET ADDRESS 1859 W. Pine Island Road
CITY-ST-ZIP Plantation, FL 33322

TITLE V/D ☐ DELETE
NAME John Woods
STREET ADDRESS 1859 W. Pine Island Road
CITY-ST-ZIP Plantation, FL 33322

TITLE S ☐ DELETE
NAME Catherine Woods
STREET ADDRESS 1859 W. Pine Island Road
CITY-ST-ZIP Plantation, FL 33322

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

2 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition

2 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

3 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

4 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

5 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

6 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***200.00

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:

Daniel Woods
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

Signature Phone #

CR2E034 (12/95)