

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000090408 (2)**

1. Corporation Name

DOUGLAS A. WOOD, P.A.



Principal Place of Business

**1000 TAMiami TRAIL NORTH
SUITE 201
NAPLES FL 33940**

Mailing Address

**1000 TAMiami TRAIL NORTH
SUITE 201
NAPLES FL 33940**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

4. FEI Number

65-0627248

☒ 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

9. Name and Address of Current Registered Agent

**WOOD, DOUGLAS A
1000 TAMiami TRAIL NORTH
SUITE 201
NAPLES FL 33940**

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 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
	WOOD, DOUGLAS A	1000 TAMiami TRAIL NORTH, SUITE 201	NAPLES FL 33940	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-ZIP	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP	25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY-STATE-ZIP	29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY-STATE-ZIP	33. TITLE	34. NAME	35. STREET ADDRESS	36. CITY-STATE-ZIP	37. TITLE	38. NAME	39. STREET ADDRESS	40. CITY-STATE-ZIP	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-STATE-ZIP	45. TITLE	46. NAME	47. STREET ADDRESS	48. CITY-STATE-ZIP	49. TITLE	50. NAME	51. STREET ADDRESS	52. CITY-STATE-ZIP	53. TITLE	54. NAME	55. STREET ADDRESS	56. CITY-STATE-ZIP	57. TITLE	58. NAME	59. STREET ADDRESS	60. CITY-STATE-ZIP	61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-STATE-ZIP	65. TITLE	66. NAME	67. STREET ADDRESS	68. CITY-STATE-ZIP	69. TITLE	70. NAME	71. STREET ADDRESS	72. CITY-STATE-ZIP	73. TITLE	74. NAME	75. STREET ADDRESS	76. CITY-STATE-ZIP	77. TITLE	78. NAME	79. STREET ADDRESS	80. CITY-STATE-ZIP	81. TITLE	82. NAME	83. STREET ADDRESS	84. CITY-STATE-ZIP	85. TITLE	86. NAME	87. STREET ADDRESS	88. CITY-STATE-ZIP	89. TITLE	90. NAME	91. STREET ADDRESS	92. CITY-STATE-ZIP	93. TITLE	94. NAME	95. STREET ADDRESS	96. CITY-STATE-ZIP	97. TITLE	98. NAME	99. STREET ADDRESS	100. CITY-STATE-ZIP
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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 holder 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

3/22/96

941-263-8282

FILE

CR2E034 (12/95)