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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000002525 (9)**

WOODS' APPLIANCES & STUFF, INC.

Principal Place of Business Mailing Address 1638 - 49TH ST SOUTH 1638 - 49TH ST SOUTH ST PETERSBURG FL 33707 ST PETERSBURG FL 33707-4341 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 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 Trust Fund Contribution Added to Fees 23 28 Country Zig Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOODS, KAYE 1638 - 49TH ST SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33707 83 84 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. KAYE WOODS required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE LESIDENT Change __ Addition TITLE HAROLD D. WOODS 1.2 NAME CR2E034 NAME 7031 1.3 STREET ADDRESS STREET ADDRESS ST. PETERS BURG, FL. 33702-6529 1.4 CITY-ST-ZIP CITY-ST-76 Addition DELETE 2.1 TITLE VICE - PRES Change KAYE WOOD 2.2 NAME NAME 1031 17 ST. NO 2.3 STREET ADDRESS STREET ADORESS 57.7ETERSBURG, FX. 33702-6529 2.4 CITY-ST-ZIP CITY ST-20 Addition DELETE 3.1 TITLE FILLE 3.2 NAME NAME STREET ADDRESS 33 STREET ADDRESS CITY - ST - ZIP 34 City-ST-ZIP Change DELETE Addition 41 TITLE Till, F 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-SI-769 DELETE Change Addition 51 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHTY- ST-Z:F DELETE Change ___ Addition T:TE 6.1 TITL€

14. I do hereby certify that the information supplied with this filing 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 ock 13 if changed, or op an attachment with an address

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAMÉ

STREET ADDIRESS

CHTY - ST - 2IP

2-27-97 (813)321-1329

FILED

Mar 04 1997 8:00am

Secretary of State