

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90030 003 \*\*\*150.00

DOCUMENT # P96000004761

1. Corporation Name  
NETTUNO & WOOD, INC.

Principal Place of Business  
1061 MAITLAND CENTER COMMONS STE 216  
MAITLAND FL 32751

Mailing Address  
1061 MAITLAND CENTER COMMONS STE 216  
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1996

4. FEI Number

59-3351238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 833 Highland Ave

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Orlando FL

24 Zip 32803

Country

2a. Mailing Address

26 833 Highland Ave

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Orlando FL

29 Zip 32803

Country

9. Name and Address of Current Registered Agent

WOOD, PAUL S  
1061 MAITLAND CENTER COMMONS  
#220  
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name Paul S. wood  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 833 Highland Ave  
84 Suite 200  
85 City Orlando FL 86 Zip Code 32803

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

Paul S. wood

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME WOOD, PAUL S  
STREET ADDRESS 1061 MAITLAND CENTER COMMONS STE 216  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.2 NAME Paul S. wood  
1.3 STREET ADDRESS 833 Highland Ave #200  
1.4 CITY-ST-ZIP Orlando, FL 32803

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul S. wood

Date

4-6-99

Daytime Phone #

(407) 649-0100

CR2E034 (11/98)