

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

DOCUMENT # **P96000029189**

1. Corporation Name

WOODSON SECURITY COMPANY, INC.

Principal Place of Business

Mailing Address

2713 WASHINGTON ROAD
VALRICO FL 33594

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VALRICO FL 33594

FILED

99 DEC -9 AM 9:57

SECRETARY OF STATE



REINSTATEMENT

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number

59-3380255

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODSON, JERRY
2713 WASHINGTON ROAD
VALRICO FL 33594

81 Name **Jerry Woodson**
82 Street Address (P.O. Box Number is Not Acceptable)
2713 Washington Rd
83
84 City **Valrico, FL** 85 Zip Code **33594**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12-3-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PV	<input type="checkbox"/> DELETE
NAME	WOODSON, JERRY	
STREET ADDRESS	2713 WASHINGTON ROAD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WOODSON, DELORES	
STREET ADDRESS	2713 WASHINGTON ROAD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	800003078239-6
1.3 STREET ADDRESS	-12/22/99--01075--011
1.4 CITY-ST-ZIP	****\$500.00 ****\$500.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800003078239-6
2.3 STREET ADDRESS	-12/22/99--01075--012
2.4 CITY-ST-ZIP	****\$250.00 ****\$250.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jerry Woodson
Signature, typed or printed name of signing officer or director

10-19-99
Presdone
Date

(813) 247-1742
Daytime Phone #

0002131

CR2E034 (1/198)