

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

FILED  
Jul 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PP6000041560</u>			
1. Corporation Name <u>Woods &amp; Associates, Incorporated</u>			
Principal Place of Business <u>3103 Wallcraft Ave.</u> <u>Tampa, FL 33611</u>		Mailing Address <u>3103 Wallcraft Ave.</u> <u>Tampa, FL 33611</u>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <u>3103 Wallcraft Ave</u>		2a. Mailing Address 28 <u>3103 Wallcraft Ave</u>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State <u>Tampa FL</u>		27 City & State <u>Tampa FL</u>	
24 Zip <u>33611</u>		29 Zip <u>33611</u>	
25 Country		30 Country	
3. Date Incorporated or Qualified <u>5-14-96</u>		4. FEI Number <u>65-0666900</u>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9. Name and Address of Current Registered Agent <u>Steven A. Weinberg</u> <u>8000 Peters Road</u> <u>Plantation FL 33324</u>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>President</u> <u>David B. Woods</u> <u>3103 Wallcraft Ave</u> <u>Tampa FL 33611</u>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3103 Wallcraft Ave.</u> <u>Tampa FL 33611</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>800002578508</u> <u>-07/02/98--01008--036</u> <u>***150.00</u>	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>David B. Woods</u>		4-28-98 (813) 902-9228	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)