SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046086 (0)

FILED Jul 30 1998 8:00am Secretary of State

WOOD	COMMERCIAL ENTERPRISES,	INC.) 	III da iio 31813 d iini daidi Laiiu 4111 1001	
·						
Principal Plac	e of Sus iness	Mailing Address		I INGINE! IN INCIDENTIL MAILE BE	itt auril eidin eritt aben i dien aler iant	
2000-WEST-BAY DRIVE -STE 2 2000-WEST-BAY DRIVE -STE LARGO-FL-34640			2			
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				05/20/1996		
2. Principal P	Place of Business	2a, Mailing Address	0	4. FEI Number	Applied For	
21 5	Harborn	26 5 10 Har	DOLULT	59-3388539	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional	
22 Citude Stat		27		}	Fee Required	
City & Staf	dicks 12 Chil	28 And Kle	1 Boh, FL	B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 233	795 25 Pinellas	^{Zip} 33785 3	o Pirela	8. This corporation owes or has paid Personal Property Tax due June 3		
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Regi	stered Agent	
HAS	TINGS, DAVID C		[81 Name			
19941 GULF BLVD #E			82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
Indian S hores FL 34835						
			83			
l			84 City		85 Zip Code	
44 -					FL " 2 P COOS	
office or agent. I SIGNATURE				ration submits this statement for the purpo on's board of directors. I hereby accept the		
12.	Signature, typed or printed name of registered agent ar OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE	700110110101010101010101010101010101010	Change Addition	
NAME	WOOD, R V JR		1.2 NAME	SIA Howhas As	-11	
STREET ADDRESS	2000 WEST BAY DRIVE STE 2		1.3 STREET ADDRESS		1. 5770	
CITY-ST-ZIP	LAPO FL 34640		1.4 CITY-ST-ZIP	and ever both.	FL 3348S	
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CiTY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		T scree	3.4 CITY-ST-ZIP			
NAME		DELETE	4.1 (IILE 4.2 NAME		Change Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME	·		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change • Addition	
NAME		. -	6.2 NAME		-	
STREET ADDRESS	Ì		6.3 STREET ADDRESS			
CITY OF THE			6.4 CITY-ST-ZIP			
CITY-ST-ZIP						

4. 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.

SIGNATURE:

R.Chia Herons Jill

7/24/91

8-13-593-3573