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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051501 (0)

WOODY'S PAINTING, INC.

Principal Place of Business

Mailing Address

115 EILEEN LANE LOT B-D MERRITT ISLAND FL 82953 115 EILEEN LANE LOT B-9 MERRITT ISLAND FL 32953-3528

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97 JUN 27 AM ID: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3a. Date of Last Report

(407)

3. Date Incorporated or Qualified

06/14/1996

Suite, Apt #, old. Suite,	A 63-43-1	LDI	00 14.7	A delice and						
Sules, April #, ord. Sules, April #, ord.		rincipal Place of Business		2a. Mailing Address				1 BO 20505611		
Coty & State City & State Coty & State Co	21									
Coy & State Coy & State County 2y	22 Suite, Ar	h					Lib Continents of Status Degrees III			
28								6. Election Campaign Financing \$5.00 M	av Be	
S. Name and Address of Current Registered Agent PLUM, VCTORIA L *207 CANAVERAL BOULEVARD CAPE CANAVERAL PL 32920 53 54 City FL 85 7/2 Code FL 86 7/2 Cod	23	28								
PLUM, VICTORIA L PUM, VICTORIA	Zip	Country	Zφ		Cour	ntry		8. This corporation has liability for intangible tax under s. 199 032		
PLUM, WCTORIA L *207 CAMAVERAL BOULEVARD CAPE CANAVERAL PL 32920 **B2 Street Address (P.O. Box Number is Not Acceptable) **B2 Street Address (P.O. Box Number is Not Acceptable) **B2 Street Address (P.O. Box Number is Not Acceptable) **B3 Street Address (P.O. Box Number is Not Acceptable) **B4 City **FL 85 Zip Code **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **B4 City **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **B4 City Street Address (P.O. Box Number is Not Acceptable) **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **FL 85 Zip Code **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **Address (P.O. Box Number is Not Acceptable) **FL 85 Zip Code **The Address (P.O. Box Number is Not Acceptable) **Address Zip Code **Address (P.O. Box Number is Not Acceptable)	24	25	29		30					
### Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered span or both, in the Share of Fords, Section 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered span or both, in the Share of Fords, Section 607.0503, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered depth or registere		9. Name and Address of Curr	ent Registered Ag	ent		10. Name and Address of New Registered Agent				
# 207 CAMAVERAL BOULEVARD CAPE CANAVERAL FL 32920 82 Street Address (P. O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607 0002 and 607 1508. Florida Statules, the above among of corporation submiss this statement for the purpose of changing its registered agent of both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent a minimal ratio of the purpose of changing its registered agent and in a familiar with, and accept the obligations of Section 607-0005, Florida Statules. SIGNATURE Signature typed or insist name or insplanded agent and side 4 agenciate Optic Registered Agents is politic registered agent and side 4 agenciate Optic Registered Agents is politic registered agent or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, in this State of Florida. State of Florida	PLI	um. Victoria I.				81	Name			
CAPE CANAVERAL FL \$2020 883 84 Chy FL 88 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 in the 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 in a maintifier with, and accept the obligations of Section 67.500, Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. The Committee of The State of					-	00 Charles (00 Day black as Not be as 11)				
Sa					}	82 Street Address (P.O. Box Number is Not Acceptable)				
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 agent of both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent an itemitiar value, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	VI	E OMATICE LE SESSE			Ì	83				
11. Pursuant to the provisions of Sociens 607.0502 and 607.1508, Florida Statutios, the above-harmed 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 lam amiliar with, and accept the obligations of, Socien 607.0505, Florida Statutes.					- 1					
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4. 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	CITY-ST-ZIP							JA 1-1-011		
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 eath; 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	14. I do hei	reby certify that the information suppl	ied with this filing d	loes not quali	fy for the e	exer	mption state	nd in Section 119.07(3)(i), Florida Statutes. I further certify that the)	
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