### 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 # P96000052918

WOODY'S REALTY, INC.

# **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90092 026 \*\*\*150.00

Principal Place of Business Mailing Address						1 10811061 118 10110 01111 00111 00117 6011	OBIEL BRIEF RIE		HORI HOH HOU
•									
12019 PENZANCE LANE NEW PORT RICHEY FL 34654  12019 PENZANCE LANE NEW PORT RICHEY FL 34654  NEW PORT RICHEY FL 34654			4						•
						DO NOT WRITE IN	THIS SPAC	E	
						3. Date Incorporated or Qualifed 06/20/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	lied For
21		26			-	*59-3386813 -			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8	75 A	dditional
22		27				5. Certifcate of Status Desired	F	ee Rec	quired
City & Stat	е	City & State			6. Election Campaign Financing	\$!	i.00 i	May Be	
23		28				Trust Fund Contribution		ded to	
Zip	Country Zip Cou			,		8. This corporation owes the current year Intangible			
24	25	29 30	1			Personal Property Tax.	XYe		□No
	9. Name and Address of Current	<del></del>	1			10. Name and Address of New Registe	ered Agent		
			81	Nan	ne			-	
WODSTRCHILL, DANIEL L				<u> </u>					
12019 PENZANCE LANE			82	Stre	et Addres	ress (P.O. Box Number is Not Acceptable)			
NEW		83							
			L	<u></u>					,
			84	City			FL  85	Zip C	ode
11 Purcuant	to the provisions of Sactions 607 0502	and 607 1509 Florida Statutos	the above	0.00m	nd cornor			na ite r	enistered
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 Statutés.									
SIGNATURE									
12.	Signature, typed or printed name of registered agent OFFICERS AND		gistered Ager	nt signatu	re required v	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		ECTO	26 IN 12
TITLE	DPT OFFICERS AND	DELETE	1.1 TITLE		1	ADDITIONS/CHANGES TO OFFICER	Ch		Addition
}	WODSTRCHILL, DANIEL L	Ü PEEETE						ango	
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STREET ADDRESS					SS				
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TITLE	DVS	☐ DELETE	2.1 TITLE				Ch	ange	☐ Addition
NAME			2.2 NAME						
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CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP					
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NAME	3.2 N		3.2 NAME						
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CITY-ST-ZIP	3.4. C		3.4. CITY- S	ST-ZIP					
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CITY-ST-ZIP			4.4 CITY- S	T-ZIP					
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CITY-ST-ZIP			5.4 CITY-S	T-ZIP					}
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NAME			6.2 NAME				_		ļ
STREET ADDRESS			6.3 STREET	T ADDRES	ss				}
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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 13 if changed or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

3 Feb

(727)856-2092