

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 # P96000060545

1. Corporation Name

CHRISTIAN M. WOOD INCORPORATED

Principal Place of Business

250 VENICE GOLF & CC BLVD
VENICE FL 34292
US

Mailing Address

250 VENICE GOLF & CC BLVD
VENICE FL 34292
US

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90253 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1996

4. FEI Number

65-0680447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Victorias Attic
Suite, Apt. #, etc.

2a. Mailing Address

26 Victorias Attic
Suite, Apt. #, etc.

22 4117 Tamiami Trails
City & State

27 4117 Tamiami Trails
City & State

23 Venice Florida
Zip Country

28 Venice Florida
Zip Country

24 34293 25 USA

29 34293 30 USA

9. Name and Address of Current Registered Agent

WOOD, CHRISTIAN M
250 VENICE GOLF & COUNTRY CLUB BLVD.
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name April L Jividen-Wood
82 Street Address (P.O. Box Number is Not Acceptable)
4117 Tamiami Trails S.
83 Venice FL 34293
84 City FL 85 Zip Code 34293

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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME WOOD, CHRISTIAN M
STREET ADDRESS 244 COCOA LANE
CITY-ST-ZIP VENICE FL 34293 ☒ DELETE

TITLE D
NAME JIVIDEN-WOOD, APRIL
STREET ADDRESS 244 COCOA LANE
CITY-ST-ZIP VENICE FL 34293 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition
1.2 NAME Kristin L. Burns
1.3 STREET ADDRESS 115. Larkspur Orchard Dr.
1.4 CITY-ST-ZIP Chillicothe Ohio 45601

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2-17-99 941-492-0073

CR2E034 (1/98)