

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087674 (3) 1. Corporation Name WOODLANDS MANAGEMENT SERVICES, INC.
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Principal Place of Business 122 WILLIS ROAD HOLLISTER FL 32147	Mailing Address P.O. BOX 85 HOLLISTER FL 32147
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 845 27 Suite, Apt. #, etc. 28 PALATKA, FLORIDA 29 32178 30 PUTNAM
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3. Date Incorporated or Qualified 10/21/1996	3a. Date of Last Report
4. FEI Number 59-3415581	Applied For Not Applicable
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANDERSON, HAROLD D 122 WILLIS ROAD HOLLISTER FL 32147	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	ANDERSON, HAROLD D	12 NAME	
STREET ADDRESS	122 WILLIS ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLISTER FL 32147	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	
NAME	ADKISSON, MICHAEL R	22 NAME	
STREET ADDRESS	106 HANSON COURT	23 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32147	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	
NAME	BROCK, WILLIAM H III	32 NAME	
STREET ADDRESS	166 WINONA TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 9/9/97

CP2E034 (4/97)