FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 AMENDED PROFIT FLORIDA DEPARTMENT OF ST

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100591

WOODY'S SALES, INC.

FILED

99 SEP 29 AM 9: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pintopel Pos	→ of Business	Mailing Address		··-
217 E. PERSHING ST. TALLAHASSEE, FL, 32301		217 E. PERSHING TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
21		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 1 Registered Agent	Country 81 Name 82 Street A	12/12/96 4. FEI Number 59-3413903 Not Applied For See Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. [1yes []No 10. Name and Address of New Registered Agent WOODROW W. WALKER Notation Number is Not Acceptable) RT* 2 BOX 392 F 265 RITCHIE LAWE
11. Forsuant 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, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature **Woodpow W. WALKER** 1-2.799				
Styledise typied or punied name of registered agent and bits if applicable (NOTE Registered Agent signaline required when reinistating) DATE				
12	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
, DILE NAV	CECIL C. SPEARS		1.3 TOLE	[] Change [Addition
	88 CECIL SPEARS RD		1.2 NAME	
STREET ATTORESS	CRAWFORDVILLE, FL	3227	1.3 STREET ADDRESS	
CHT-ST-ZP To LF			1.4 CITY-ST-ZIP 2.1 TITLE	B. Storage Charles
NAM.	VP	-	· · · ·	P Ki Change [] Addition WOODROW W. WALKER
SIRELLADORESS	WOODROW W. WALKER RT. 2 BOX 392 26	- 0 - 1 - 1 - 1-	2 2 NAME	RT. 2 BOX 392 265 RITCHIE LANE
CHY ST ZIE	HAVANA, FL		2 3 STREET ADDRESS	HAVANA, FL 333
Title	, , , , , , , , , , , , , , , , , , ,		2 4 CITY-ST-ZIP 3 1 TITLE	[Change [] Addition
NAM.		· ·	32 NAME	-· • -· -·
S'N. I LADERESS			3 3 STREET ADORESS	4000030062349
5 - 51 Ze			34. CITY-ST-ZIP	400003006234 9 -10/05/9301094002
TEF			4.1 TITLE	*****61.25 ************************************
NAME			4 2 NAME	Elemina Element
STREET - ADVIRESS			4.3 STREET ADDRESS	
Clia Stizle			4.4 CITY-ST-ZIP	
THEF			5.1 TITLE	[Change [] Addition
NAM9			5 2 NAME	(things E final show
STREET ACORDISES			53 STREET ADDRESS	
(311-51-ZI-1			54 CiTY-ST-ZiP	
1rr. F			S 1 TITLE	[]Change []Addition
NAM*		=:	5.2 NAME	[1 2 82 [] Manaon
Street Addresss		6	3 STREET ADDRESS	
COLUMN TO THE			4 CITY CT 710	

14. Indeby 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 it made under oath; that I am an offider 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WORD ROW. LAT. WALKER

850-509-5542 Dayline Phone #

CR2E034 (11/98)