PROFIT -CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000020756

WOOD INTERNATIONAL CONSULTANTS, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90102 040 ***150.00

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					881H 8891 1	8(110 OIII 100)
Principal Place	e of Business	Mailing Address				
2030 IMPERIAL	CIR.	2030 IMPERIAL CIR				
NAPLES FL 341	10	NAPLES FL 34110		DO NOT WRITE IN THIS SPA	ACE	
US		US		3. Date Incorporated or Qualifed		
				03/06/1997		
2 Bringing Di	tace of Business	2a. Mailing Address		4. FEI Number	Anr	olied For
	CHANCERY CIRC		ERY CIR			Applicable
21 3 43 Suite, Apt.	- 1, 1, 1, 1, 2, 2	Suite, Apt. #, etc.	1 - 1 - 1 - 1	_ \$	8.75 A	
	#, C IC.	27		5. Certifcate of Status Desired	Fee Red	
City & State	9	City & Ctata		6. Election Campaign Financing	\$5.00	May Be
23 NA F	OLES FL	28 NAPLES 1	FL	Trust Fund Contribution	Added to	
Zip	Country		Country	8. This corporation owes the current year Intangi	ble	
24 341		29 34110 30	25		Yes	X [No
24 01.	9. Name and Address of Cui			10. Name and Address of New Registered Age	nt	
		<u> </u>	81 Name	David D W		
WOO	dd, d onald w			DONALD W		
2030	IMPERIAL CIR		82 Street /	Address (P.O. Box Number is Not Acceptable) CHANCERY CIRCLE		
NAPI	LES FL 34110		83	e constitution of the contraction	,	
					_	
			84 City	/ <i>ADLES</i> FI ⁸		F110 :
44 Durayant	to the provisions of Sections 607	0502 and 607 1508 Florida Statutes It	e above-named	corporation submits this statement for the purpose of char	naina ite i	registered
office or re	egistered agent, or both, in the St	ate of Florida, Such change was author	ized by the corpo	pration's board of directors. I hereby accept the appointment	ent as reg	jistered
agent. I ai	m familiar with, and accept the of	ligations of Section 607.0505, Florida S	Statutes.		100	;
SIGNATURE	Mary	agent and title if applicable (NOTE: Regis	tered Agent regesters re	equired when reinstating) DATE	77	
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12
TITLE	D		I.1 TITLE	\mathcal{D} . \mathfrak{a}	Change	Addition
NAME	WOOD, DONALD W	_	I.2 NAME	WOOD DONALD W	•	
STREET ADDRESS	2030 IMPERIAL CIR		1.3 STREET ADDRESS	345 CHANCERY CIRC	LE	
	NAPLES FL 34110		I.4 CITY-ST-ZIP	NAPLES IL 34110	1	
CITY-ST-ZIP TITLE	THAT LEST L STITE		2.1 TITLE		Change	Addition
ì		_	2.2 NAME			
NAME		i				
STREET ADDRESS			2.3 STREET ADDRESS	. •		
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TITLE			1.1 TITLE			
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CITY-ST-ZIP			3.4, CITY-ST-ZIP		l Change	Addition
TITLE		_	11 TITLE] Change	
NAME		4	1.2 NAME	•		
STREET ADDRESS		4	3 STREET ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		_	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS		<u> </u>	5.3 STREET ADDRESS		•	
CITY-ST-ZIP		! !	4 CITY-ST-ZIP			
TITLE		☐ DELETE (1 TITLE] Change	Addition
NAME			5 2 NAME	`		
STREET ADDRESS		1 ,	6.3 STREET ADDRESS			
O WILL I UNDIVERSE	1					

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: