ILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

____ PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021745 (9)

WOODS INSTRUCTIONAL GROUP, INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			
3842 LAWHON RD., S.	3842 LAWHON RD., S.			
CALLAHAN FL 32011	CALLAHAN FL 32011			
			DO NOT WRITE IN THIS SPACE	
			3, Date Incorporated or Qualified 03/04/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21	[26]		59 - 3444278 Not Applicat	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23	28		Trust Fund Contribution Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24 25	[29]	30	Personat Property 1ax due June 30. 🙀 Yes 🔲 No	
	ss of Current Registered Agent		10. Name and Address of New Registered Agent	
WOODS, RITA D		81 Name		
3842 LAWHON RD., S.		82 Street A	Address (P.O. Box Number is Not Acceptable)	
CALLAHAN FL 32011				
		83		
		84 City	85 Zip Code	
]] , ,	FL S Exp code	
11. Pursuant to the provisions of Section	ons 607.0502 and 607.1508, Florida Statut	es, the above-named	corporation submits this statement for the purpose of changing its registere	
agent. I am familiar with and acce	in the State of Florida, Such change was a lipt the obligations of, Section 607.0505, Flo	authorized by the corp orida Statutes.	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE.				
Signature, typed or printed name i		Flegistered Agent signature	equireo when reinstating) DATE	
	LICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE 1	Prisident Change Hadditi Woods, Rita 3842 Lawhon Rd, 5	
NAME		1.2 NAME	woods, kith pd 5	
STREET ADDRESS		1.3 STREET ADDRESS	3842 Lawrott Ku, >	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Callahan, FL 32011	
TITLE	[_] DELETE	2.1 TITLE	Change Additi	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CHY-ST-ZIP		
TITLE	L_1 DELETE	3 1 THLF	Change Addition	
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS	•	
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP		4.4 CITY - S1 - ZIP		
TITLE	L) DELFTE	5.1 TITLE	☐ Change ☐ Additi	
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		6.3 STHEET ADDRESS		
CHY-ST-ZIP		6.4 CITY-ST-ZIP		
Indicated on this annual report or s officer or director of the corporation	supplemental annual report is true and acc	urate and that my sign	in Section 119.07(3)(i), Florida Statutes, I further certify that the informatio ature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	

1 4/15/10