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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Jan 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034936 (9)

WOODS LANDSCAPING, INC.

Principal Place	e of Business	Mailing Address						IIII GEDIA IBIAN II	I TER OFFI CORE
1108 VIKING I	DRIVE	POST OFFICE BOX 29	1451						
PORT ORANG	E FL 32129	PORT ORANGE FL 321	129						
						DO NOT WE		SPACE	
						3. Date Incorporated or Qualific 04/18/1997	əď		
2. Principal Pl	lace of Business	2a. Mailing Address				4, FEI Number		I A	pplied For
21 723 1	Pine Forest Tr E	26				59-344235	2		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	······································					\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee R	equired
City & State		City & State				6. Election Campaign Financing			May Be
23 Pore		28	1 0-	1		Trust Fund Contribution			to Fees
Zip 24 3217~	Country	Z(p	L	intry		8. This corporation owes or has	•		
24 3217	25 Name and Address of Curr	rent Registered Agent	30	,		Personal Property Tax due J Name and Address of New			No
AAA		ent nogiaterou Agent		81 N	lame	10. Haire and Routess of How	Hogistoro	ANGOIN	
	erilawyer Chartered Balmeria Avenue								
	RAL GABLES FL 33134			82 S	treet Addre	ess (P.O. Box Number is Not Accept	ptable)		
CO	NAL GABLES FL 33134			83				·	
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			*	84 C	ity		F	85 Zip	Code
11 Pursuant t	to the provisions of Sections 607.0	502 and 607,1508, Florida Stat	tutes, the at	L I bove-na	amed corpo	oration submits this statement for the			ts registered
office or re		ate of Florida. Such change wa	s authorized	d by the		on's board of directors. I hereby ac			
				tutoc					
•	in iaitimai wiin, anu accepi me ooi	ligations of, Section 507.0505,	Florida Stat	tutes.					
SIGNATURE	Signature typed or printed name of registered				gnature require	d when reinstating)	DATE		
SIGNATURE	Signature typed or printed name of registered. OFFICERS A	agent and tills if applicable (N			gnature require	id when reinstating) ADDITIONS/CHANGES TO OI		ND DIRECTOR	
SIGNATURE	Signature typed or printed name of registered. OFFICERS A	agent and title if applicable (N	OTE: Registered	d Agent si	gnature require			ND DIRECTOR	RS IN 12
SIGNATURE	Signature typed of pirated name of registered. OFFICERS A PD WOODS, JOHNNY W	agent and tills if applicable (N	OTE: Registered	d Agent si	gnature require				
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14. Thereby certify that the information supplie 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 supplem tall 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 server or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Ishock 12 or Block 13 if changed, or or an accurate with an address of the server o

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