PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS DOCUMENT # P97000045982

Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90163 029 ***150.00

WOODL	ey weedless, inc.						
Principal Place	e of Business	Mailing Address		-	I (#016#01 tim)aute janet anter anter anter		19119 1191 1091
24 WESTCHESTER DRIVE 24 WESTCHESTER DRIVE KISSIMMEE FL 34744 KISSIMMEE FL 34744					. DO NOT WRITE IN THIS	SPACE	
į					3. Date Incorporated or Qualifed 05/22/1997	•	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	App	olied For
21 26 26 26 26			•		59-3450977	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	dditional
22 27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added to	
Zip				y	8. This corporation owes the current year Int	angible	
24	[25]	29 30	آ		Personal Property Tax.	☐ Yes	⊠No
	9. Name and Address of Currer		<u> </u>	ran av.	10. Name and Address of New Registered	Agent	
		<u> </u>	81	Name			· 7
WOODLEY, DONNA 24 WESTCHERSTER DRIVE				N 00000 0 0 0 0	I (D.O. Day Number in Not Acceptable)		
			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
KISS	SIMMEE FL 34744		83	1			
				1			
			84	City	FL	85 Zip C	ode
				<u> </u>			ragistarad
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes	S.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint of when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	WOODLEY, FRANK		1.2 NAME				
STREET ADDRESS	A LATOTOLICOTED DONE	•	1.3 STREET ADDRESS				
	KISSIMMEE FL 34744		1.4 CITY-S	į.			
CITY-ST-ZIP	VSD	☐ 0ELETE	2.1 TITLE	31-21		Change	Addition
	WOODLEY, DONNA		2.2 NAME			•	
NAME	A LUCATOU COTTO DONE			1			
STREET ADDRESS		1		ET ADORESS	•		.
CITY-ST-ZIP	KISSIMMEE FL 34744		2.4 CITY-	ST-ZIP	<u> </u>	Change	Addition
TITLE	*	☐ DELETE	3.1 TITLE			□ outrige	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS	•		
CITY-ST-ZIP			3.4, CITY-	ST-ZIP			
TITLE	+		_				Addition
NAME	1	☐ DELETE	4.1 TITLE			Change	
STREET ADDRESS		☐ DELETE	_	<u> </u>		Change	
1	3	☐ DELETE	4.1 TITLE 4.2 NAME	ET ADDRESS		☐ Change	
(CITT-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME	ET ADDRESS		Change	
CITY-ST-ZIP TITLE		□ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE	ET ADDRESS ST-ZIP		☐ Change	Addition
TITLE			4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5	ET ADDRESS ST-ZIP			☐ Addition
TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP			☐ Addition
TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS ST- ZIP ET ADDRESS			☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS		☐ Change	

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: $\mathcal{D}_{\boldsymbol{\varphi}}$