

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90131 030 ***150.00

DOCUMENT # P97000067690

1. Corporation Name

THE WOOD GROUP OF SARASOTA, INC.

Principal Place of Business

3170 CHARLES MAC DONALD DR
SARASOTA FL 34240

Mailing Address

3170 CHARLES MAC DONALD DR
SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number
65-0768566

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2435 STATE ST
Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 3319
Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 Sarasota FL

Zip

24 34240 25 USA

Zip

29 34230 30 USA

9. Name and Address of Current Registered Agent

WOOD, DAVID
3170 CHARLES MAC DONALD DR
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81 Name GEORGE V. Famiglio
82 Street Address (P.O. Box Number is Not Acceptable)
1634 Main St
83
84 City Sarasota FL 85 34236

11. Pursuant 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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, handwritten printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME WOOD, DAVID
STREET ADDRESS 3170 CHARLES MAC DONALD DR
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☒ DELETE
NAME WOOD, CAROL
STREET ADDRESS 3170 CHARLES MAC DONALD DR
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D WOOD, DAVID
1.3 STREET ADDRESS 2435 STATE ST
1.4 CITY-ST-ZIP SARASOTA FL 34240

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D WOOD, CAROL
2.3 STREET ADDRESS 2435 STATE ST
2.4 CITY-ST-ZIP SARASOTA FL 34240

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

805 898-00

CR2E034 (11/98)