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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P97000076847**1. Corporation Name WOODY'S CENTRAL OF FORT MYERS, INC.

DIVISION OF CORPORATIONS

## FILED May 08, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

05-08-1999 90030 029 \*\*\*150.00

	1 <b>00  0   </b>   0     0	<u> </u>

Principal Place	of Business	Mailing Address				* 1881165			
1920 BOYSCOUT DRIVE 1920 BOYSCOUT DRIVE FORT MYERS FL 33907 FORT MYERS FL 33907						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/31/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		· 26				65-0779749		Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc	<b>&gt;.</b>		- 	5. Certifcate of Status Desired		5 Additional Required	
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes the current year I			
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Cur	rent Registered Agent		Ι.		10. Name and Address of New Registere	d Agent		
	5V 50V 5			81	Name				
HANEY, DON E 1920 BOYSCOUT DRIVE				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
FOR	T MYERS FL 33907			83					
				84	City		85 4	Zip Code	
					,	poration submits this statement for the purpose			
	Signature, typed or printed name of registered				t signature require	ad when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS /	AND DIREC	CTORS IN 12	
12.		AND DIRECTORS	13 TE 44	TITLE		ADDITIONS/CHANGES TO OFFICERS	Char		
TITLE	D DONE	C. DELL		NAME				*	
NAME	HANEY, DON E 2430 MCGREGOR BOULEV	ADD			ADDRESS				
STREET ADDRESS		אהט		CITY-S				,	
CITY-ST-ZIP	FORT MYERS FL 33901	DELE		TITLE	1-212		Char	nge Addition	
TITLE	HANEY, ENNEIS			NAME					
NAME	2430 MCGREGOR BOULEV	ARD			ADDRESS				
STREET ADDRESS	FORT MYERS FL 33901	Al ID		CITY-S					
CITY-ST-ZIP TITLE	TONI MILIO I L 30301	☐ DELE		TITLE			Char	nge 🗌 Addition	
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP				
TITLE		☐ DELE	TE 4.1	TITLE			Chai	nge 🗌 Addition	
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP				
TITLE		☐ DELE		TITLE			☐ Cha	nge	
NAME				NAME					
STREET ADDRESS					ADDRESS			İ	
CITY-ST-ZIP				CITY-S	T-ZIP		[7.06-	ngo Dáddition	
TITLE		☐ DELE		TITLE			☐ Cha	nge	
NAME				NAME	r ADODECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	•		■ 64	CITY-S	i-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: