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

PROFIT CORPORATION ANNUAL REPORT

1999

WOODS AND WETLANDS, INC.

1. Corporation Name



DOCUMENT # P97000081961

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90184 022 ***150.00

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Principal Place of Business Mailing Address								, , , , , , , , , , , , , , , , , , , ,		
5648 FOURTH AVENUE 5648 FOURTH AVENUE FORT MYERS FL 33907 FORT MYERS FL 33907								DO NOT WRITE IN THIS SPA	CE_	
								Date Incorporated or Qualifed 09/17/1997		
Principal Place of Business 2a. Mailing Address								FEI Number	\Box	Applied For
21			26				<u> </u>	65-0783659		Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.	,			5.	Certificate of Status Desired		Additional Reguired
City & Stat	e	28	City & State				6.	Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country		Zip	Country	y		8.	This corporation owes the current year Intangil	ble	\
24	25	29	30				<u> </u>	t elacitat i topotty Tax.	Yes	□No
Name and Address of Current Registered Agent					_		10.	Name and Address of New Registered Age	nt	
					1	Name				
SIZEMORE, JULIA L				82	82 Street Address (P.O. Box Number is Not Acceptable)					
5648 FOURTH AVENUE										
FORT MYERS FL 33907				83	83					
				84		City		FL) Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Floric	ia. Such change was auth	onzed by	/ Tr	named corporation	oration on's bo	n submits this statement for the purpose of char aard of directors. I hereby accept the appointment	nging ent as	its registered registered
SIGNATURE			NOTE: P			signature required	d udon re	anetating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS					arit s	signatura recover	<i>A</i>	ADDITIONS/CHANGES TO OFFICERS AND D	IREC	TORS IN 12
TITLE	D	THE CHILL	DELETE	1.1 TITLE					Chang	
NAME	SIZEMORE, PERRY L		-	1.2 NAME						
STREET ADDRESS	5648 FOURTH AVENUE			1.3 STREET ADDRESS						
CITY-ST-ZIP	FORT MYERS FL 33907			14 CITY-ST-ZIP						
TITLE	T		☐ DELETE	2.1 TITLE					Chang	e 🗌 Addition
NAME	SIZEMORE, JULIA			2.2 NAME						}
STREET ADDRESS	5648 FOURTH AVE			2.3 STREE	ET A	NODRESS				ľ
CITY-ST-ZIP	FT MYERS FL 33907			2. 4 CITY-	ST-	-ZIP		• <u> </u>		
TITLE			☐ DELETE	3.1 TITLE					Chang	e 🗌 Addition
NAME	1		!	3.2 NAME						Į
STREET ADDRESS				3.3 STREE	ET A	ADDRESS				ļ
CITY-ST-ZIP				3.4. CITY-	ST-	-ZIP				

6.4 CITY-ST-ZIP 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.

4.1 TITLE

4 2 NAME 4 3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

☐ DELETE

□ DELETE

□ DELETE

SIGNATURE:

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (11/98)

[] Addition

Addition

Addition

Change

Change

☐ Change