

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90151 015 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P97000083819**

1. Corporation Name

**WOOTEN-JACKSON & ASSOCIATES, INC.**
 Principal Place of Business  
 4740 NORTHWEST 10TH COURT  
 UNIT 106  
 PLANTATION FL 33313

 Mailing Address  
 4740 NORTHWEST 10TH COURT  
 UNIT 106  
 PLANTATION FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

65-0784552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City &amp; State

27. City &amp; State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 WOOTEN, ANTHONY C  
 4740 NORTHWEST 10TH COURT  
 UNIT 106  
 PLANTATION FL 33313

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
 NAME  
 PD  
 WOOTEN, ANTHONY  
 STREET ADDRESS  
 4740 NORTHWEST 10TH COURT  
 CITY-ST-ZIP  
 PLANTATION FL 33313
1.2 TITLE ☐ DELETE
 NAME  
 VD  
 WOOTEN, ISAAC  
 STREET ADDRESS  
 4740 NORTHWEST 10TH COURT  
 CITY-ST-ZIP  
 PLANTATION FL 33313
1.3 TITLE ☐ DELETE
 NAME  
 SD  
 WOOTEN, LEITHA J  
 STREET ADDRESS  
 4740 NORTHWEST 10TH COURT  
 CITY-ST-ZIP  
 PLANTATION FL 33313
1.4 TITLE ☐ DELETE
 NAME  
 TD  
 WOOTEN, CARLOS  
 STREET ADDRESS  
 4740 NORTHWEST 10TH COURT  
 CITY-ST-ZIP  
 PLANTATION FL 33313
1.5 TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
1.6 TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

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

Date

Daytime Phone #

CR2E034 (1/98)