

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90012 002 \*\*\*158.75

DOCUMENT # **P97000093056**

1. Corporation Name

**OLD SOUTH WOOD WORKS INC.**

Principal Place of Business

Mailing Address

**2867 SHADEVILLE RD  
CRAWFORDVILLE FL 32327**

**2867 SHADEVILLE RD  
CRAWFORDVILLE FL 32327**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/29/1997**

4. FEI Number

**59-3474774**

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. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & 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

**DAVIS, JEFF  
2867 SHADEVILLE RD  
CRAWFORDVILLE FL 32327**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, DONALD	
STREET ADDRESS	600 VICTORY GARDEN DRIVE A-5	
CITY-STATE-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, DOUGLAS	
STREET ADDRESS	2920 B MARISE ST	
CITY-STATE-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, JEFF	
STREET ADDRESS	2867 SHADEVILLE RD	
CITY-STATE-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3315 Remington Run
1.4 CITY-STATE-ZIP	Tallahassee, FL 32312
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Hewett, Wendell
4.3 STREET ADDRESS	2206 Seasons Lane
4.4 CITY-STATE-ZIP	Tallahassee, FL 32310
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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.

SIGNATURE:

**Jeff Davis, Treasurer**

8/4/99

850/878-2558 x66

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0008287

601729-90012-2  
P97000093056

Old South Wood Works Inc.  
2867 Shadeville Rd.  
Crawfordville, Florida 32327

August 04, 1999

Annual Reports Filings  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

On July 19, 1999 I received the enclosed "second notice" annual report packet. Since that time I have reviewed every file we have and can find no reference to receipt of any Annual Report mailing other than the one timely filed in 1998.

None of the officers, directors or employees recall having received any annual report packet in 1999.

I can only conclude that we did not receive the first mailing and it did not occur to me that an annual report was due. I am requesting, therefore, that the enclosed report with the standard fee be accepted. I will certainly add your report to my calendar for next year and look for the packet.

Sincerely,



Old South Wood Works, Inc.  
By: Jeff Davis, Treasurer