1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # D0700003881

 Corporation 	WOOD ENTERPRISES, INC.)9388 I				
BOLLON	MOOD CHICH HISES, HAS			\$ 1884:1884:1884:1884:1884:1884:1884:1884		
ı			•			
Principal Place	of Business	Mailing Address		I (SELICE) THE PER PER PER PER PER PER PER PER PER PE		
296 BUTTONWOOD DR KEY LARGO FL 33037 KEY LARGO FL 33037						
				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
				10/31/1997	4	
2. Principal Pl	ace of Business	2a. Mailing Address	*	4. FEI Number	Appli	ied For
21	•	26		APPLIED FOR		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	1
22	· * _ ·	27			Fee Requ	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 M Added to	
23		28 7in	Country	Trust Fund Contribution 8. This corporation owes the current year		1 363
Zip	Country	Zip	Country	Personal Property Tax.	∏Yes □	∃No
24	9. Name and Address of Current	1=-1		10. Name and Address of New Registere	d Agent	
	s. Maine and Address of Current	A Committee of the Comm	81 Name			
YARBOROUGH, BETTY 82 Street A				ress (P.O. Box Number is Not Acceptable)		
296 BUTTONWOOD DR			52; Street Addi	less (F.O. Box Number is Not Acceptable)	are to a transfer	
KEY	LARGO FL 33037		83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	可可提供的	
			84 City	<u> </u>	85 Zip Cc	ode
		•		<u></u> <u></u>	LII	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	and 607.1508, Florida Statutes of Florida. Such change was aut ons of, Section 607.0505, Florid	s, the above-named corp thorized by the corporation da Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its regions of changing its regions.	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: F	Registered Agent signature require	ad when reinstating) . DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition
NAME	YARBOROUGH, BETTY		1.2 NAME			
STREET ADDRESS	296 BUTTONWOOD DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY-ST-ZIP			T A LECT
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		•	
CITY-ST-ZIP		, ,,	2.4 CITY-ST-ZIP		☐ Change	Addition
TITLE 7 C.S.	land the same of t	DELETE	3.1 TITLE		L_1 Orlange	
NAME	1	·	3.2 NAME		:	
STREET ADDRESS	144 NOT 147 TO		3.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE			4.1 TILE	and the second s	— -	• **
NAME			4.3 STREET ADDRESS	•		
STREET ADDRESS	"	•	4.4 City-ST-ZIP			
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.1 TITLE		☐ Change	Addition
TITLE		,	5.2 NAME		•	
NAME STREET ADDRESS		,	5.3 STREET ADDRESS	*		
CITY-ST-ZIP		. ·	5.4 CITY-ST-ZIP			
CITY-ST-ZIP	1 172 1	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition

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 toke 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 of 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 chapter, or on an attactory on the receiver of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90049 019 ***150.00

Daytime Phone #