

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90118 023 \*\*\*158.75

DOCUMENT # P98000009347

1. Corporation Name  
WOODS SURVEYING SERVICES, INC.



Principal Place of Business  
1521 WEST COMANCHE AVENUE  
TAMPA FL 33603

Mailing Address  
1521 WEST COMANCHE AVENUE  
TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1998

2. Principal Place of Business  
21 19006 1ST STREET SW  
Suite, Apt. #, etc.  
22  
City & State  
23 TAMPA, FLORIDA  
Zip Country  
24 33549 25  
2a. Mailing Address  
26 PO BOX 360188  
Suite, Apt. #, etc.  
27  
City & State  
28 TAMPA, FLORIDA  
Zip Country  
29 33673 30

4. FEI Number  
59-3495693  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AGSTER, RICHARD S  
3602 WEST EUCLID AVENUE  
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name STEVEN M. WOODS  
82 Street Address (P.O. Box Number is Not Acceptable)  
1521 W. COMANCHE AVENUE  
83  
84 City TAMPA, FL 85 Zip Code 33603

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 Steven M. Woods STEVEN M. WOODS, PRESIDENT JANUARY 26, 1999  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	WOODS, NANCY J	1521 WEST COMANCHE AVENUE	TAMPA FL 33603	<input type="checkbox"/>
VSD	WOODS, STEVEN M	1521 WEST COMANCHE AVENUE	TAMPA FL 33603	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
V/T/D	SAME	SAME	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/S/D	SAME	SAME	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Steven M. Woods STEVEN M. WOODS, PRESIDENT JANUARY 26, 1999  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)