

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90170 014 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000017067**  
 1. Corporation Name  
**D. WOODALL, INC.**



Principal Place of Business 912 VICTORIA ST BRANDON FL 33511	Mailing Address 912 VICTORIA ST BRANDON FL 33511
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1998	
21	26	4. FEI Number 59-3494989		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOODALL, DENNIS 912 VICTORIA ST BRANDON FL 33511				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Director
NAME	WOODALL, DENNIS	1.2 NAME	Woodall, Wendy
STREET ADDRESS	912 VICTORIA ST	1.3 STREET ADDRESS	912 Victoria St
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE	ST	2.1 TITLE	
NAME	WOODALL, ELIZABETH	2.2 NAME	
STREET ADDRESS	912 VICTORIA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	PATTON, JOANNE	3.2 NAME	
STREET ADDRESS	912 VICTORIA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PATTON, TODD	4.2 NAME	
STREET ADDRESS	912 VICTORIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WOODALL, DENISE	5.2 NAME	
STREET ADDRESS	912 VICTORIA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Elizabeth Woodall 5/10/99 813-  
 Elizabeth Woodall 661-7579  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)