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Secretary of State

04-29-1999 90176 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000027410

1. Corporation Name

NEW WOOD DESIGN, INC.

Principal Place of Business
318 NORTH LINCOLN AVENUE
CLEARWATER FL 34615

Mailing Address
318 NORTH LINCOLN AVENUE
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

2. Principal Place of Business

21 201 DOUGLAS ROAD EAST

Suite, Apt. #, etc.

22 SUITE 6

City & State

23 OLDSMAR, FL

Zip

24 34677

Country

25 USA

2a. Mailing Address

26 201 DOUGLAS ROAD EAST

Suite, Apt. #, etc.

27 SUITE 6

City & State

28 OLDSMAR, FL

Zip

29 34677

Country

30 USA

4. FEI Number

59-3500585

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FAVERO, CHRISTOPHER S
318 NORTH LINCOLN AVENUE
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name FAVERO, CHRISTOPHER S.**82 Street Address (P.O. Box Number is Not Acceptable)****201 DOUGLAS ROAD EAST****83 SUITE 6****84 City OLDSMAR****FL****85 Zip Code****34677**

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 in ink of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

CHRISTOPHER S. FAVERO**4-23-99**

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **CHRISTOPHER S. FAVERO**
STREET ADDRESS **318 N LINCOLN AVE**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

(813) 614-2271

Daytime Phone #

CR2E034 (11/98)