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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90080 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000039592**

1. Corporation Name

**EILAND WOODS, INC.**

Principal Place of Business

**35310 HWY 54 WEST  
ZEPHYRHILLS FL 33541**

Mailing Address

**35310 HWY 54 WEST  
ZEPHYRHILLS FL 33541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/01/1998**

4. FEI Number

**59-3507510**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**HILL, CARL D  
35310 HWY 54 WEST  
ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent

**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

TITLE ☐ DELETE

NAME **PD  
HILL, CARL D  
35310 HWY 54 WEST  
ZEPHYRHILLS FL 33541**

TITLE ☐ DELETE

NAME **D  
HILL, KIMBERLY A  
35310 HWY 54 WEST  
ZEPHYRHILLS FL 33541**

TITLE ☐ DELETE

NAME **VD  
RYMAN, NELSON L  
38819 OTIS ALLEN ROAD  
ZEPHYRHILLS FL 33540**

TITLE ☐ DELETE

NAME **D  
RYMAN, DOTTIE A  
38819 OTIS ALLEN ROAD  
ZEPHYRHILLS FL 33540**

TITLE ☐ DELETE

NAME **STD  
OSTERMAN, KEITH  
10439 LAMSON ROAD  
DADE CITY FL 33525**

TITLE ☐ DELETE

NAME **D  
OSTERMAN, KIM M  
10439 LAMSON ROAD  
DADE CITY FL 33525**

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 an other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/13/99 813-782-7705**

CR2E034 (11/98)