


**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90022 015 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000061358**

1. Corporation Name

**SHERWOOD DAYTONA, INC.**

Principal Place of Business

2310 W INTERNATIONAL SPEEDWAY BLVD  
DAYTONA BEACH FL 32114

Mailing Address

6304 BENJAMIN ROAD SUITE 503  
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1998

4. FEI Number

59-3545457

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

ROSENKRANZ, STANLEY W  
201 E KENNEDY BLVD 10TH FLOOR  
TAMPA FL 33602

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	D	<input type="checkbox"/> DELETE
NAME	KAUFMAN, RONALD P MD	
STREET ADDRESS	3500 E FLETCHER AVE SUITE 530, MDC BOX 62	
CITY-ST-ZIP	TAMPA FL 33613	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARLMAN, BRIAN L CPA	
STREET ADDRESS	2203 N LOIS AVENUE SUITE 700	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WINSHIP, CHUCK D	
STREET ADDRESS	505 E JACKSON STREET SUITE 308	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	D	<input type="checkbox"/> DELETE
NAME	YELVINGTON, FLEURY	
STREET ADDRESS	4909 PILGRIM'S PATHWAY	
CITY-ST-ZIP	TAMPA FL 33611	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERTS, C KIRT	
1.3 STREET ADDRESS	6304 BENJAMIN RD STE 503	
1.4 CITY-ST-ZIP	TAMPA FL 33634-5128	

2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLARD, ROSE M	
2.3 STREET ADDRESS	6304 BENJAMIN RD STE 503	
2.4 CITY-ST-ZIP	TAMPA FL 33634-5128	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature of Rose M. Willard* 4/01/99 (813) 885-5134

CR2E034 (1/199)