FILED Apr 14, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # S00135

Corporation	AL WOOD PRODUCTS, INC			•			
Principal Place of Business Mailing Address					F 100410010 151 DOLLI 00101 11300 11101 DILL NEW	I BIRIT GIBTI RIBII AI	### BIBIT 18#3
·		468 CYPRESS ROAD			1		
OCALA FL 34472-3106 OCALA FL 34472-3106							
us us					DO NOT WRITE IN THIS SPACE		
_					3. Date Incorporated or Qualifed 09/13/1990		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	<del></del>	plied For
21 26				59-3032464	<del></del>	t Applicable	
Suite, Apt. #, etc.				5. Certificate of Status Desired	- <b>\$8.75</b> A Fee Re		
		27			<u>-                                    </u>		<u>`</u>
City & State 28		City & State			6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added to	
Zip <b>24</b>	Country 25	Zip	Country 30	<i>t</i>	This corporation owes the current year     Personal Property Tax.		□No
	9. Name and Address of Currel				10. Name and Address of New Registere	d Agent	
			81	Name			İ
YERGEY, DAVID A., JR.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
211 N MAGNOLIA AVE			"	Olioci Add	mos (r.o. box rumber to het nacepasie)		
ORLANDO FL 32801			83				
			84	City	<del></del>	. 85 Zip C	:ode
			0	City	F	L   65   24 5	.000
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	thorized by	the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its pointment as reg	registered jistered
	III lamilar with, and doocpt the conge		0.2			•	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)				nt signature requir	red when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	<b>DPST</b> □ DELETE		1.1 TITLE			Change	Addition
NAME	CALDWELL, FRANKLIN D.		1.2 NAME				
STREET ADDRESS	17150 S.E. 61ST PLACE		1.3 STREE	TADDRESS			-
CITY-ST-ZIP	OCKLAWAHA FL		1.4 CITY-S	ST-ZIP			
TITLE	DELETE		2.1 TITLE			Change	Addition
NAME	22		2.2 NAME				
STREET ADDRESS	ESS		2.3 STREE	T ADDRESS			
CITY-ST-ZIP .			12.4 CITY-5	ST-ZIP	- The second of		·
TITLE			3.1 TITLE	. }		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME	Stanta and a stanta		4.2 NAME				
STREET ADDRESS	'* " '		4.3 STREE	TADDRESS	•		
CITY-ST-ZIP		— Clariere	4.4 CITY- S	ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	TADODECO			
STREET ADDRESS			1	T ADDRESS			ļ
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	st-ZIP		Change	Addition
TITLE			6.2 NAME			- Automás	
NAME OTREET ARROSSO				T ADDRESS	·		ļ
STREET ADDRESS	İ		0,000,1100				ı

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.

6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-49/352-687-8377 Date Date Destrict Phone # CR2E034 (11/98)