


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0091322

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT# **S18146** (8)  
1. Corporation Name  
**WOOD FACTORY, INC.**

**FILED**  
98 OCT 21 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 12352 89TH TERRACE SEMINOLE FL 33772 US	Mailing Address 12352 89TH TERRACE SEMINOLE FL 34642 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4359 W. SANDRA CIR</b>		2a. Mailing Address 26 <b>4359 W SANDRA CIR</b>		3. Date Incorporated or Qualified <b>12/10/1990</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-3056803</b>	
23 City & State <b>GLENDAL AZ</b>		28 City & State <b>GLENDAL AZ</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 Zip <b>85308</b>		29 Zip <b>85308</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BANNISTER, ROBERT H.</b> <b>12352 89 TER</b> <b>SEMINOLE FL 34642</b>				10. Name and Address of New Registered Agent 81 Name <b>PHYLLIS RAY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3150 22ND ST. N</b> 83 84 City <b>ST PETERSBURG</b> FL 85 Zip Code <b>33713</b>			
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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, in 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 *Phyllis Ray* *Phyllis Ray* *10/16/98*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BANNISTER, ROBERT H.</b>			1.2 NAME			
STREET ADDRESS	<b>12352 89TH TERRACE 4359 W SANDRA CIR</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SEMINOLE FL GLENDAL AZ</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BANNISTER, NANCY A.</b>			2.2 NAME			
STREET ADDRESS	<b>12352 89TH TERRACE 4359 W SANDRA CIR</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SEMINOLE FL GLENDAL AZ</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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. 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.

SIGNATURE: *Phyllis Ray* *Phyllis Ray* *9/14/98* *602-942-2959*  
SIGNATURE REQUIRED

CR2E034 (5/98)