FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S68810** **(8)**

1. Corporation Name
THE WOOD-CHUCK WORKSHOP, INC.

Principal Place of Business	Mailing Address
817 NE 3RD STREET DANIA FL 33004	817 N.E. 3RD STREET DANIA FL 33004 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/25/1991**	3a. Date of Last Report: **04/06/1994**
4. FEI Number: **65-0273674**	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FICAROTTA, CHARLES J.
7160 SW 19TH STREET
PLANTATION FL 33317

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 _____ DATE
(Signature, Name of printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	V	☑ Change ☐ Addition
NAME	FICAROTTA, CHARLES J.	12 NAME	Ficarotta, Merry	
STREET ADDRESS	7160 SW 19TH STREET	13 STREET ADDRESS	7160 S.W. 19th St	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	Plantation, FL 33317	
TITLE	D	21 TITLE	T	☑ Change ☐ Addition
NAME	FICAROTTA, CHARLES J.	22 NAME	Ficarotta, Merry	
STREET ADDRESS	7160 SW 19TH STREET	23 STREET ADDRESS	7160 S.W. 19th St.	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	Plantation, FL. 33317	
TITLE		31 TITLE	S	☑ Change ☐ Addition
NAME		32 NAME	Ficarotta, Merry	
STREET ADDRESS		33 STREET ADDRESS	7160 S.W. 19th St.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Plantation, FL. 33317	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with my address.

SIGNATURE: Charles Ficarotta Charles J. Ficarotta 2/28/95 (305)922-3221
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

0078163 CP