FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #
1. Corporation Name V03311

(0)

FLORIDA WOOD SERVICES, CO.

FILED Jan 30 1996 8:00 am Secretary of State

		···							
Princip	al Place of Business	Mailing Address					**********	5.5.0 3.2.1 (9 5.	
LAKELAND FL 33801 LAKELAND			iershon street and FL 33801						
U\$ U\$					3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1995				
	ncipal Place of Business	<u> </u>			4. FEI Number			Applied For	
21	te, Apt. #, etc.	26	Ant H ato		59-3096410		Not Applicable		
22	ю, мрт. #, етс.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
Crt	y & State	City & State	City & State		6. Election Campaign Financing		\$5.00 May Be		
23		28			Trust Fund Contribution			d to Fees	
	y	Zip	Cour	ntry	8. This corporation has liability for	intangible tax	under s	199.032,	
24	25 9. Name and Address of Curr	29 29 Agent	30		Florida Statutes Yes				
	3,	cit registeres Agent		81 Name	IV. Name and Address of New	TOPISIOIOU A	Beur		
.10	DHNSON, JEFFREY W., ESQUIRE								
	124 NORTH FEDERAL HIGHWAY				ddress (P.O. Box Number is Not Acceptable)				
	UITE 205		r	83			- · · · · · · · · · · · · · · · · · · ·		
B	OCA RATON FL 33431		-	84 City			or 7	p Code	
						FL		•	
11. Pt	registered agent, or both, in the State of Flo	02 and 607.1508, Florida Statut orida, Such change was authori:	tes, the above	re-named corpor	ration submits this statement for the pured of directors. Thereby accept the appreciate	rpose of chan	ging its	registered office	
fa	millar with, and accept the obligations of, So	ection 607.0505, Florida Statute	S.	Siporumon a cod	no of directors. Thereby accept the app	An ithinini as i	gisteret	agent. Fatt	
SIGNA	Signature, typied or printed name of registered ag		OT D					 	
12.		ND DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OF	DATE ICERS AND I	NOECTO	DES IN 12	
THE	l PS	☐ DELETE	1.1 10	ILE	ADDITIONS OF ANGES TO OF		Change	Addition	
NAMi	CAHILL, WILLIAM H.	• • • • • • • • • • • • • • • • • • • •	1.2 NA	ME	·		•		
SIEEE J	4508 BEACH WAY DR.		1.3 STF	REFT ADDRESS					
CITY+SI	ZIP TAMPA FL		1.4 CITY - ST - Z						
1FLF	Vī	☐ DELETE	DELETE 2 1 TITLE				Change	Addition	
NAME	JOHNSON, SCOTT M.		2 2 NA!	ME					
STREET	ACODRESS 11009 SPRING RIDGE DR.		2 3 STF	REET ADDRESS					
0117-51	ZIP TAMPA FL			Y-ST-ZIP					
117LE		☐ DELETE	3. 1 TIT				Change	☐ Addition	
NAME			3.2 NAI						
	ADDRESS			REET ADDRESS					
CITY-ST	- 0°.	□ DELETE	3.4 CiT 4. 1 Tit	Y-ST-ZIP			Change	Addition	
NAME		Пресет	4.2 NAI			ليا	Ollange	Audition	
	ADDRESS			REET ADDRESS					
GIY ST				Y-ST-ZIP					
THE		DELETE	5 1 7 17				Change	Addition	
NAM:			5.2 NAJ			J			
STREEL	ADDRESS			REET ADDRESS					
C(1Y-S1	-7 f			Y-SI-ZIP					
TILE		☐ DELETE	6. 1 TIT				Change	Addition	
NAME			6.2 NAI	ME		_	-		
SPREEL	ADDRESS		6.3 STF	REFT ADDRESS					
0014-\$1			6 4 CIT	Y-ST-ZIP					
14. [6	to hereby certify that the information supplied the the information indicated on this are	o with this filing is voluntarily furn	nished and c	loes not qualify f	for the exemption stated in Section 119	.07(3)(k), Florid	la Statu	tes. I further	

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.

SIGNATURE: