

DOCUMENT # V03311

1. Entity Name

FLORIDA WOOD SERVICES, CO.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90053 047 \*\*\*150.00

Principal Place of Business: 2253 MERSHON ST, LAKELAND FL 33801, US
Mailing Address: 2253 MERSHON STREET, LAKELAND FL 33815-3531, US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both principal and mailing addresses.

4. FEI Number: 59-3096410
Applied For / Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JEFFREY W., ESQUIRE
2424 NORTH FEDERAL HIGHWAY
SUITE 205
BOCA RATON FL 33431

Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for CAHILL, WILLIAM H. and JOHNSON, SCOTT M.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Cahill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/5/00
Daytime Phone #: 941-688-4244