

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 612282

**Entity Name:** JOHN WOODY, INC.**Current Principal Place of Business:**754 HARRISON AVE  
JACKSONVILLE, FL 32220**Current Mailing Address:**P O BOX 60218  
JACKSONVILLE, FL 32236-7218**FEI Number:** 59-1896667**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WOODALL, MICHAEL  
424 OAK POND DRIVE  
JACKSONVILLE, FL 32259 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WOODALL, WELDON  
Address 412 ROYAL CRESCENT COURT  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title DIRECTOR  
Name WOODALL, BETTY  
Address 412 ROYAL CRESCENT COURT  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title PRESIDENT, DIRECTOR  
Name WOODALL, MICHAEL W  
Address 424 OAK POND DR  
City-State-Zip: JACKSONVILLE FL 32259

Title TREASURER  
Name KIVLIN, ALICIA W  
Address 428 S. ABERDEENSHIRE DRIVE  
City-State-Zip: JACKSONVILLE FL 32259

Title VP  
Name KIVLIN, MICHAEL E  
Address 428 S. ABERDEENSHIRE DRIVE  
City-State-Zip: JACKSONVILLE FL 32259

Title SECRETARY, VP  
Name WOODALL, JONATHAN W  
Address 2134 MERCER CIRCLE S.  
City-State-Zip: JACKSONVILLE FL 32217

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL WOODALL****PRESIDENT****03/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date