

2015 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 32236-0218 US**FEI Number:** 59-1896667**Certificate of Status Desired:** No**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****01/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date