

2016 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
1757 BISHOP ESTATES RD
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 PRESIDENT, DIRECTOR
Name WOODALL, MICHAEL W
Address 1757 BISHOP ESTATES RD
City-State-Zip: JACKSONVILLE FL 32259

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

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

Title TREASURER
Name KIVLIN, ALICIA W
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 KIVLIN**VICE PRESIDENT****01/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date