

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 003203 (7)
1. Corporation Name
WOOD-HOPKINS CONTRACTING COMPANY



Principal Place of Business 1901 HILL S STREET P O BOX 3215 JACKSONVILLE FL 32206-0215	Mailing Address 1901 HILL S STREET P O BOX 3215 JACKSONVILLE FL 32206-0215
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 03/14/1906	
4. FEI Number 59-0516010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SPEICHER, GLENN C.
1901 HILL ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name Mary C. Campbell
82 Street Address (P.O. Box Number is Not Acceptable) 1901 Hill Street
83
84 City Jacksonville
85 Zip Code FL 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mary C. Campbell, Secretary *Mary C Campbell* 1-15-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, HAL L. JR	
STREET ADDRESS	1901 HILL ST BOX 3215	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, DENNIS E.	
STREET ADDRESS	1901 HILL ST BOX 3215	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROWE, O REGAN JR	
STREET ADDRESS	1135 E 4TH ST	
CITY-ST-ZIP	CHARLOTTE, NC 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SPEICHER, GLENN C.	
STREET ADDRESS	1901 HILL ST BOX 3215	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Edward Curry	
1.3 STREET ADDRESS	9117 Old Barnette Place	
1.4 CITY-ST-ZIP	Huntersville, NC 28078	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary C. Campbell	
2.3 STREET ADDRESS	1901 Hill Street	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Handwritten Signature]*

CR2E034 (10/97)