

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90004 055 ****75.00
 05-14-1999 90004 056 ****75.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 673632

1. Corporation Name
JOHN BOOTON, INC.

DBA WOODS METAL & WOODS STEEL

Principal Place of Business
 3724 DR MARTIN LUTHER KING BLVD
 FT. MYERS FL 33916

Mailing Address
 3515 EDISON AVE
 FT MYERS FL 33916
 US



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
06/16/1980

4. FEI Number
59-2000071

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent

FOCHT, RONALD
 3724 DR MAR LUTHER KING BLD
 FT. MYERS FL 33916

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, RONALD D.	1.2 NAME	
STREET ADDRESS	3724 DR MAR LUT KING BLD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, DEBORAH L.	2.2 NAME	
STREET ADDRESS	3724 DR MAR LUT KING BLD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Deborah L. Focht VP* DATE: *4/26/99*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day & Phone #

CR2E034 (11/98)