

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 241432 (4)

1. Corporation Name
JOHN G WOOD & ASSOCIATES, INC.

Principal Place of Business
3601 CYPRESS GARDENS RD
SUITE A
WINTER HAVEN FL 33884

Mailing Address
3601 CYPRESS GARDENS RD
SUITE A
WINTER HAVEN FL 33884-2456



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1960	3a. Date of Last Report 04/23/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 59-0920432		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

WOOD, JOHN G.
3601 CYPRESS GARDENS RD
SUITE A
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, THOMAS H	12 NAME	
STREET ADDRESS	3601 CYPRESS GRDNS RD	13 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	14 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, PAUL L	22 NAME	
STREET ADDRESS	3601 CYPRESS GRDNS RD	23 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	24 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JOHN G JR	32 NAME	
STREET ADDRESS	3601 CYPRESS GRDNS RD	33 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	34 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JOHN G	42 NAME	
STREET ADDRESS	3601 CYPRESS GRDNS RD	43 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, CRAIG R.	52 NAME	
STREET ADDRESS	3601 CYPRESS GRDNS RD	53 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN G WOOD JR 4/17/97 94-344-9643

Date

Daytime Phone #

0392102

CR2E034 (9/96)