

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

**FILED**

**Jan 21, 1999 8:00am**

**Secretary of State**

01-21-1999 90026 039 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # **839506**

1. Corporation Name  
**WOODHAM PLUMBING CO., INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**222 OPPERT RD  
DOTHAN AL 36301  
US**

Mailing Address  
**PO BOX 1912  
DOTHAN AL 36301  
US**

3. Date Incorporated or Qualified  
**11/08/1977**

4. FEI Number  
**63-0667342**

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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

9. Name and Address of Current Registered Agent  
**WILKINSON, THOMAS C.  
115 NORTH JEFFERSON STREET  
MARIANNA FL 32446**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOODHAM, JOHN HUGH	
STREET ADDRESS	449 WOODHAM RD.	
CITY-ST-ZIP	ASHFORD AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOODHAM, S. PAUL	
STREET ADDRESS	105 OAKVIEW DR	
CITY-ST-ZIP	DOTHAN AL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WOODHAM, JEWEL DEAN	
STREET ADDRESS	449 WOODHAM RD.	
CITY-ST-ZIP	ASHFORD AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOODHAM, STANLEY H.	
STREET ADDRESS	2112 SHADY BROOK LANE	
CITY-ST-ZIP	DOTHAN AL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: **Jewel Dean Woodham** 1/06/99 334-794-5121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)