

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:10

DOCUMENT # G17319 (6)

1. Corporation Name
SHERWOOD & SHERWOOD INCORPORATED

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **1974 KINGFISH ROAD NAPLES FL 33962**
 Mailing Address: **1974 KINGFISH ROAD NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/28/1982	05/31/1994
22 State, Apt #, etc		27 State, Apt #, etc		4. FEI Number	Applied For Not Applicable
23 City & State		28 City & State		59-2245700	
24 Zip		29 Zip		5. Certificate of Status Due	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25 County		30 Country		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. The corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHERWOOD, HALSEY F. 1974 KING FISH ROAD NAPLES FL 33962				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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]* **HALSEY F. SHERWOOD**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PST SHERWOOD, HALSEY F.	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	1974 KINGFISH ROAD	13.2 NAME	
12.3 CITY, ST, ZIP	NAPLES FL	13.3 STREET ADDRESS	
12.4 TITLE		13.4 CITY, ST, ZIP	
12.5 NAME		13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		13.6 NAME	
12.7 CITY, ST, ZIP		13.7 STREET ADDRESS	
12.8 TITLE		13.8 CITY, ST, ZIP	
12.9 NAME		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY, ST, ZIP		13.11 STREET ADDRESS	
12.12 TITLE		13.12 CITY, ST, ZIP	
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY, ST, ZIP		13.15 STREET ADDRESS	
12.16 TITLE		13.16 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(c), 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 as an attachment with an address.

SIGNATURE: *[Signature]* **HALSEY F. SHERWOOD** 6/26/95 941-775-0795

CR2E034 (3/95)