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Aug 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J11503 (6)  
1. Corporation Name  
WOODWARD'S WOODWORKS, INC.

Principal Place of Business  
4544 6TH AVE.  
ST-AUGUSTINE FL 32095  
US

Mailing Address  
4544 6TH AVE.  
ST-AUGUSTINE FL 32095  
US  
P.O. Box 66  
1455 PENN RD  
FLOYD VA 24091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1455 PENN RD NW Suite, Apt. #, etc. 22 City & State 23 FLOYD, VA Zip 24 24091 Country 25 FLOYD		2a. Mailing Address 26 P.O. Box 66 Suite, Apt. #, etc. 27 City & State 28 FLOYD, VA Zip 29 24091 Country 30 FLOYD		3. Date Incorporated or Qualified 04/21/1986	
				4. FEI Number 59-2700699 Applied For Not Applicable	
				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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD RICHARD  
4544 6TH AVE  
ST. AUGUSTINE FLA.  
32095

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: Richard L Woodward Richard L Woodward 3/19/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	WOODWARD, RICHARD L.	1.2 NAME	RICHARD L. WOODWARD
STREET ADDRESS	4544 6TH AVE.	1.3 STREET ADDRESS	1455 PENN RD NW
CITY-ST-ZIP	ST-AUGUSTINE FL	1.4 CITY-ST-ZIP	FLOYD, VA 24091
TITLE	ST	2.1 TITLE	SECRETARY
NAME	WOODWARD, JOAN C.	2.2 NAME	JOAN C. WOODWARD
STREET ADDRESS	4544 6TH AVE.	2.3 STREET ADDRESS	1455 PENN RD NW
CITY-ST-ZIP	ST-AUGUSTINE FL	2.4 CITY-ST-ZIP	FLOYD, VA 24091
TITLE	P	3.1 TITLE	PRINCIPAL
NAME	WOODWARD, JOANNE L.	3.2 NAME	JOANNE L. WOODWARD
STREET ADDRESS	4544 6TH AVE.	3.3 STREET ADDRESS	1313 FLOYD HWY S
CITY-ST-ZIP	ST-AUGUSTINE FL	3.4 CITY-ST-ZIP	FLOYD, VA 24091
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: Joan Woodward 02/26/98 540745 3500

CR2E034 (10/97)