FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

**FILED
May 02 1997 8:00am
Secretary of State**

DOCUMENT # **J71451** **(5)**

1. Corporation Name

WOODHAM CONSTRUCTION COMPANY

Principal Place of Business 10656 LOCUST STREET PALM BEACH GARDENS FL 33418	Mailing Address 10656 LOCUST STREET PALM BEACH GARDENS FL 33418-3922

3. Date Incorporated or Qualified	3a. Date of Last Report
04/29/1987	04/02/1996

2. Principal Place of Business
21 *1408 N. Killian Dr.*
Suite, Apt. etc.
22 *Suite 113*
City & State
23 *Lake Park, FL*
Zip
24 *33403* 25 Country

2a. Mailing Address
26 *1408 N. Killian Dr.*
Suite, Apt. etc.
27 *Suite 113*
City & State
28 *Lake Park FL*
Zip
29 *33403* 30 Country

4. FEI Number		
59-2832118	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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
WOODHAM, ROBERT C. 10656 LOCUST STREET PALM BEACH GARDENS FL 33418	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 _____
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 **D** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **WOODHAM, ROBERT C.**		1.2 NAME	
STREET ADDRESS **10656 LOCUST STREET**		1.3 STREET ADDRESS	
CITY-ST-ZIP **PALM BCH GRDNS FL**		1.4 CITY-ST-ZIP	
TITLE ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #