


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

FILED

Apr 29 1997 8:00 am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>J888802</i>					
1. Corporation Name <i>C.W. Wood Plumbing Co., Inc.</i>					
Principal Place of Business		Mailing Address <i>SAME</i>			
<i>1328 Romney St. Jacksonville, Fl. 32211</i>					
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <i>8/21/87</i>	
21		26		3a. Date of Last Report <i>5/1/96</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <i>59-2857456</i>	
22		27		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<i>C.W. Wood 1328 Romney St. Jacksonville, Fl. 32211</i>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code <i>FL</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <i>President</i> <input type="checkbox"/> DELETE					
1.2 NAME <i>Connie Wayne Wood</i>					
1.3 STREET ADDRESS <i>1972 Beachside Ct.</i>					
1.4 CITY-ST-ZIP <i>Jacksonville, Fl.</i>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
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5.1 TITLE <input type="checkbox"/> DELETE					
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5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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					
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4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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 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: <i>C.W. Wood Pres.</i> <i>4-28-97</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone # <i>904-744-6604</i>					

CR2E034 (9/96)