

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K85187 (8)
1. Corporation Name
WOODTECH INDUSTRIES, INC.



Principal Place of Business
3809 COLUMBIA CITY HWY
PO BOX 909
LAKE CITY FL 32055
US

Mailing Address
P O BOX 909
PO BOX 909
LAKE CITY FL 32056
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 RT 13 BOX 991-9 Suite, Apt. #, etc.		26 RT 13 BOX 991-9 Suite, Apt. #, etc.		05/02/1989	
22 W LAKE CITY AVE. City & State		27 W LAKE CITY AVE. City & State		4. FEI Number 59-2947285	
23 LAKE CITY, FL Zip		28 LAKE CITY, FL Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32055		29 32056		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICKELSON, RICHARD B
3809 COLUMBIA CITY HWY
P O BOX 909
LAKE CITY FL 32055

81 Name
RICHARD B. NICKELSON
82 Street Address (P.O. Box Number is Not Acceptable)
RT 13 BOX 991-9
83 W LAKE CITY AVE.
84 City
LAKE CITY
85 Zip Code
FL 32055

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	OV	1.1 TITLE	
NAME	NICKELSON, DALE R.	1.2 NAME	
STREET ADDRESS	RTE 9 BOX 337	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	DPT	2.1 TITLE	
NAME	NICKELSON, RICHARD B.	2.2 NAME	
STREET ADDRESS	RT 9, BOX 954	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	NICKELSON, RICHARD B.	3.2 NAME	
STREET ADDRESS	RTE 9 BOX 954	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
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

CR2E034 (10/97)