

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91336 047 ***150.00

DOCUMENT # P00000010509

1. Entity Name
 WOOD CONNECTION, INC.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 4905 BELFORT ROAD 4905 BELFORT ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 110 SUITE 110

City & State **City & State**
 JACKSONVILLE, FL JACKSONVILLE, FL
Zip **Country** **Zip** **Country**
 32256 USA 32256 USA

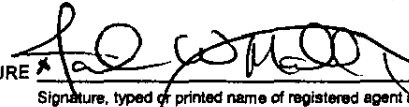
4. FEI Number **Applied For**
 59-3643890 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00054004

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 JOHN W. MATTOX
 04646 OAK STREET
 FRUITLAND PARK, FL 34731

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
 4905 BELFORT ROAD, SUITE 110
City **FL** **Zip Code**
 JACKSONVILLE 32256

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE:  JOHN W. MATTOX, PRESIDENT
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHN W. MATTOX	
STREET ADDRESS	4360 CHELSEA HARBOR DR. W	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN W. MATTOX, II	
STREET ADDRESS	600 BIRGHAM PLACE	
CITY - ST - ZIP	LAKEMARY, FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN T. GREAVES	
STREET ADDRESS	21 HIDSCOPE RD, CUMNORHILL	
CITY - ST - ZIP	OXFORD, ENGLAND OX29JJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN W. MATTOX** **4/24/01** **904/861-2166**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/00)