

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P01939 (8)

1. Corporation Name

W.J. WOODWARD CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

MILTON INDUSTRIAL PARK
ROUTE 9W
MILTON NY 12547

MILTON INDUSTRIAL PARK
ROUTE 9W
MILTON NY 12547

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BALDWIN, RALPH V. (JR.)
6890 CAMBRIDGE PLACE
FT. MYERS FL 33907

3. Date Incorporated or Qualified
05/09/1984

3a. Date of Last Report
01/23/1995

4. FEI Number

14-1556528

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

10. Name and Address of New Registered Agent

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 required)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WOODWARD, WILLIAM J.
STREET ADDRESS 164 SOUTH ST
CITY-ST-ZIP MARLBORO NY

TITLE VD ☐ DELETE
NAME WOODWARD, KELLY-JEAN
STREET ADDRESS 164 SOUTH ST
CITY-ST-ZIP MARLBORO NY

TITLE STD ☐ DELETE
NAME WOODWARD, JEAN K.
STREET ADDRESS 164 SOUTH ST
CITY-ST-ZIP MARLBORO NY

TITLE EVD ☐ DELETE
NAME COUPART, THOMAS T.
STREET ADDRESS BX 293A LATTINTOWN RD.
CITY-ST-ZIP MARLBORO, NY.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

William J Woodward Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (914) 795-2146
DATE

CR2E034 (12/95)