

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

**FILED**

**May 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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  
**MILTON INDUSTRIAL PARK  
ROUTE 9W  
MILTON NY 12547**

Mailing Address  
**MILTON INDUSTRIAL PARK  
ROUTE 9W  
MILTON NY 12547-5021**

3. Date Incorporated or Qualified  
**05/09/1984**

3a. Date of Last Report  
**03/22/1996**

21. Principal Place of Business		22a. Mailing Address		4. FEI Number		Applied For	
22. State, Apt. #, etc.		27. Suite, Apt. #, etc.		<b>14-1556528</b>		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**BALDWIN, RALPH V. (JR.)  
6890 CAMBRIDGE PLACE  
FT. MYERS FL 33907**

**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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>WOODWARD, WILLIAM J.</b> <b>164 SOUTH ST MARLBORO NY</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<b>WOODWARD, KELLY-JEAN</b> <b>164 SOUTH ST MARLBORO NY</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STD</b>	<b>WOODWARD, JEAN K.</b> <b>164 SOUTH ST MARLBORO NY</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>EVD</b>	<b>COUPART, THOMAS T.</b> <b>BX 293A LATTINTOWN RD. MARLBORO, NY.</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *William J. Woodward* **5/1/97** (914) 795-2146

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

CR2E034 (9/96)