

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000030684 (2)

1. Corporation Name
WOODFIELD CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1100 6TH AVE S
NAPLES FL 33940

1100 6TH AVE S
NAPLES FL 33940

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

GALLI, KEVIN P
885 TANBARK DR
UNIT 202
NAPLES FL 33963

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

Kevin P. Galli
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/26/97

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GALLI, KEVIN P
STREET ADDRESS 885 TANBARK DR UNIT 202
CITY-ST-ZIP NAPLES FL 33963

DELETE

1.1 TITLE DP
1.2 NAME Galli, Kevin P.
1.3 STREET ADDRESS 163 Johnnycake Dr.
1.4 CITY-ST-ZIP Naples, FL 34110

Change Addition

TITLE DS
NAME GALLI, LINDA
STREET ADDRESS 885 TANBARK DR UNIT 202
CITY-ST-ZIP NAPLES FL 33963

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1

3.2

3.3

3.4

4.1

4.2

4.3

4.4

5.1

5.2

5.3

5.4

6.1

6.2

6.3

6.4

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

7.1

7.2

7.3

7.4

8.1

8.2

8.3

8.4

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

9.1

9.2

9.3

9.4

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

10.1

10.2

10.3

10.4

Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin P. Galli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/97 941-999-4884

Daytime Phone #



APPROVED
AND
FILED

1997 SEP 29 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2034 (3/96)