

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

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**Apr 29 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 # P95000057606 (2)**

1. Corporation Name  
**WOODMARK CONSTRUCTION, INC.**



Principal Place of Business Mailing Address **P.O. Box 730299**  
~~34 MEADOW RIDGE VIEW~~ ~~34 MEADOW RIDGE VIEW~~  
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174-2499 32173  
**555 W. Granada Blvd, Suite E-8**

2. Principal Place of Business 2a. Mailing Address  
21 **555 W. Granada Blvd** 26 **P.O. Box 730299**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite E-8** 27 **-**  
City & State City & State  
23 **Ormond Beach, FL** 28 **Ormond Beach, FL**  
Zip Country Zip Country  
24 **32174** 25 **Volusia** 29 **32173-0299** 30 **Volusia**

3. Date Incorporated or Qualified **07/24/1995** 3a. Date of Last Report **04/29/1996**  
4. FEI Number **59-3329585** 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**JANZEN, STAN D** 81 Name  
**34 MEADOW RIDGE VIEW** 82 Street Address (P.O. Box Number is Not Acceptable)  
**ORMOND BEACH FL 32174** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANZEN, STAN</b>	1.2 NAME	
STREET ADDRESS	<b>34 MEADOW RIDGE VIEW</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BEACH FL 32174</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, DIANA L</b>	2.2 NAME	
STREET ADDRESS	<b>34 MEADOW RIDGE VIEW</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BEACH FL 32174</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: **Stan Janzen** **STAN JANZEN, Pres.** **4/17/97** **904-676 3122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)