


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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90039 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000057606**

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

Principal Place of Business 555 W GRANADA BLVD E-8 ORMOND BEACH FL 32174 US	Mailing Address P O BOX 730299 ORMOND BEACH FL 32173-0299 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6 Beagles Rest</b>	2a. Mailing Address 26	4. FEI Number <b>59-3329585</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23 <b>Ormond Beach, FL</b>	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24 <b>32174</b>	Country 25 <b>USA</b>	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	29 Zip 30

9. Name and Address of Current Registered Agent <b>JANZEN, STAN D 34 MEADOW RIDGE VIEW ORMOND BEACH FL 32174</b>	10. Name and Address of New Registered Agent 81 Name <b>Stan D. Janzen</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6 Beagles Rest</b> 83 84 City <b>Ormond Beach</b> FL 85 Zip Code <b>32174</b>
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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 Stan D. Janzen, President DATE 1/4/99

Signature, typed or printed name of registered agent and title if applicable (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 <b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JANZEN, STAN</b>		1.2 NAME <b>Janzen, Stan</b>	
STREET ADDRESS <b>34 MEADOW RIDGE VIEW</b>		1.3 STREET ADDRESS <b>6 Beagles Rest</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL 32174</b>		1.4 CITY-ST-ZIP <b>Ormond Beach, FL 32174</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JANZEN, DIANA L</b>		2.2 NAME <b>Janzen, Diana</b>	
STREET ADDRESS <b>34 MEADOW RIDGE VIEW</b>		2.3 STREET ADDRESS <b>6 Beagles Rest</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL 32174</b>		2.4 CITY-ST-ZIP <b>Ormond Beach, FL 32174</b>	
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 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, with all other like empowered.

SIGNATURE: Stan D. Janzen DATE: 1/4/99 DAYTIME PHONE: 904-676-3122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)