

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000040562 (6)

1. Corporation Name
WOODY KING CONSTRUCTION, INC.

Principal Place of Business
581 TELERAN ST
PENSACOLA FL 32534

Mailing Address
581 TELERAN ST
PENSACOLA FL 32534



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/06/1996

2. Principal Place of Business
21 421 WHIRLPOOL ROAD
Suite, Apt. #, etc.
22
City & State
23 CENTURY FL
Zip Country
24 32535 25
2a. Mailing Address
26 421 WHIRLPOOL ROAD
Suite, Apt. #, etc.
27
City & State
28 CENTURY FL
Zip Country
29 32535 30

4. FEI Number
59-3379267
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KING, WOODROW JR
581 TELERAN ST
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
421 WHIRLPOOL ROAD
83
84 City CENTURY FL 85 Zip Code 32535

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KING, WOODROW J	
STREET ADDRESS	3004 CREIGHTON RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PEEBLES, PHILLIP O	
STREET ADDRESS	1294 A PAULINE ST	
CITY-ST-ZIP	GONZALES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELLY, RANDALL W	
STREET ADDRESS	550 GARMAN LANE	
CITY-ST-ZIP	GONZALEZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KING, WOODROW JR	
1.3 STREET ADDRESS	421 WHIRLPOOL RD	
1.4 CITY-ST-ZIP	Century FL 32535	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE

CR2E034 (10/97)