

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

0581427

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 17 AM 11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000080574					
1. Corporation Name WOMBLE ENTERPRISES, INC.					
Principal Place of Business 1295A-CARLTON ARMS CIR. BRADENTON FL 34208		Mailing Address 1295A-CARLTON ARMS CIR. BRADENTON FL 34208			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1201 Carlton Arms Cir.		26 1201 Carlton Arms Cir.		01/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0713065	
City & State		City & State		Applied For	
23 Bradenton, FL		28 Bradenton, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34208		29 34208		[] \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution [] \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WOMBLE, JOANNA 1295A-CARLTON ARMS CIR. BRADENTON FL 34208				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				Bradenton FL	
				85 Zip Code	
				34208	
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: Joanna Womble DATE: 5/13/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE [] DELETE [] Change [] Addition					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
15 TITLE [] Change [] Addition					
16 NAME					
17 STREET ADDRESS					
18 CITY-ST-ZIP					
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20 NAME					
21 STREET ADDRESS					
22 CITY-ST-ZIP					
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44 NAME					
45 STREET ADDRESS					
46 CITY-ST-ZIP					
47 TITLE [] Change [] Addition					
48 NAME					
49 STREET ADDRESS					
50 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: Joanna Womble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/99 (941) 747-6428
Date Daytime Phone #

CR2E034 (11/98)