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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000100279 (4)

WOOD & COMPANY PLANNING, DESIGN, CONSTRUCTION, I

Principal Place of Business Mailing Address 681 CANAL ROAD 681 CANAL ROAD **BRUNSWICK GA 31525-6718** BRUNSWICK GA 31525-6718 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country Zφ This corporation has liability for intangible tax under s. 199.032, Yes 29 30 Florida Statutes 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILTON J. WOOD COMPANY 540 PHELPS STREET 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32206 83 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, typed or pented name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Addition DELETE 1.1 TITLE Change TIPLE Pessident m. A Sam WOOD 1.2 NAME N4M: GOI CALLAC ED. STREET ADDRESS 1.3 STREET ADORESS GA 31525-6718 1.4 CITY-ST-ZIP C-TY - S1 - 24P DELETE Change Addition TITLE 21 TITLE NAV: 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY SI-ZIP 2.4 City-St-ZIP DELETE Change Addition 3.1 TITLE THE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST ZIP 3.4. CITY - ST - ZIP DELETE Change Addition THEF 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZP 4.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE MARIE 5.2 NAME STREET ADJRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP \_\_\_ Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAM

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 of the corporati

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