Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90134 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000100279 1. Corporation Name

WOOD & COMPANY PLANNING, DESIGN, CONSTRUCTION, I

NC.						•			
Principal Place	e of Business	Ma	iling Address				T (DENIED) (SO IÈNE DIVI) BENTA BENTA BENTA BE	0191 (181) ODIST OBITA 11811	i thàin làir imhi
681 CANAL ROAD		681	681 CANAL ROAD						
BRUNSWICK GA 31525-6718			BRUNSWICK GA 31525-6718				DO NOT WRITE	IN THIS SPACE	
							3. Date Incorporated or Qualifed	11 1110 01 7102	
							· '		
3 0 ::15	to a d Duale and	22	Mailing Address				12/09/1996 4. FEI Number		pplied For
	lace of Business		Maning Address				59-2625087	 	ot Applicable
Suite, Apt.	# etc	26	Suite, Apt. #, etc.					\$8.75	Additional
	#, Bic.	27	Carto, Apr. II, Sto.				5. Certifcate of Status Desired	¥ = ·	Required
City & State		21	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current	year Intangible	· · · · · · · · · · · · · · · · · · ·
24	25	29	·	30	-		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr		ered Agent	1001			10. Name and Address of New Reg	istered Agent	
					81	Name			
	ON J. WOOD COMPANY				82	Street Ad	dress (P.O. Box Number is Not Acceptable	<u> </u>	
540	PHELPS STREET				02	Street Au	uless (F.O. Box Number is Not Acceptable	·,	
JACI	KSONVILLE FL 32206				83				
								05 7in	Codo
					84	City		FL 85 Zip	Code
effice or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	ate of Florid	a. Such change was a	authorized	l by t	he corpora	rporation submits this statement for the pution's board of directors. I hereby accept the	ne appointment as r	egistered
SIGNATURE	Pleast up hand or added come of maintained	h aith has tasas	profession (NOTE	Registered	Apent	UDB) erutenoiz	ired when reinstating)	DATE	
	Signature, typed or printed name of registered a		<u></u>	E: Registered	InegA	signature requ	ited when reinstating) ADDITIONS/CHANGES TO OFFIC		ORS IN 12
12,	OFFICERS		<u></u>			signature requ			
	OFFICERS.		CTORS	13.	ſLΕ	signature requ		ERS AND DIRECT	
12. TITLE NAME	P WOOD, M.A. S		CTORS	13. 1.1 TT 1.2 N/	TLE VME	signature requ		ERS AND DIRECT	
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CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an were to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filling does indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trastee in Block 12 or Block 13 if changed, or on an attachment with an a ith all other like empowered.

SIGNATURE:

UMETADSAM WOOD OFFICER OR DIRECTOR