

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

FILED

Feb 18 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 # P97000009037 (7)

1. Corporation Name

WOOD BROTHERS CONSTRUCTION, INC.

Principal Place of Business

10174 N MAJOR WAY
CITRUS SPRINGS FL 33434

Mailing Address

10174 N MAJOR WAY
CITRUS SPRINGS FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

59-3419627

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

2. Principal Place of Business

2a. Mailing Address

21 8050 S.E. 11th Terr.

25 P.O. Box 68

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Trenton FL

28 Trenton FL

Zip

Country

Zip

Country

24 32693

25 GILCHRIST

29 32693

30 Gilchrist

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, ERNEST P II

15837 E WIND CIRCLE

SUNRISE FL 33328

8050 S.E. 11th Terr.

Trenton, FL 32693



WOOD BROTHERS
CONSTRUCTION, INC.
PO BOX 0068 352-463-9991
TRENTON, FL 32693-0068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 8050 S.E. 11th Terr.

84 City, Trenton

FL

85 Zip Code 32693

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

Ernest P. Wood Sec. & Treas.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, BARBARA J	
STREET ADDRESS	10174 N MAJOR WAY	
CITY-ST-ZIP	CITRUS SPRINGS FL 33434	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, ALBERT L	
STREET ADDRESS	10174 N MAJOR WAY	
CITY-ST-ZIP	CITRUS SPRINGS FL 33434	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOD, RITA D	
STREET ADDRESS	15837 E WIND CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOD, ERNEST P II	
STREET ADDRESS	15837 E WIND CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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

Ernest P. Wood

1-25-98 352-463-9991

CR2E034 (10/97)