



<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000009037**  
Corporation Name  
**WOOD BROTHERS CONSTRUCTION, INC.**

Principal Place of Business <b>8050 SE 11TH TERR TRENTON FL 32693</b>	Mailing Address <b>P O BOX 68 TRENTON FL 32693 US</b>
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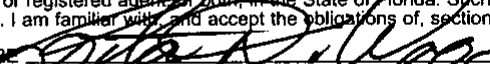
Principal Place of Business <b>8050 SE 11TH TERR TRENTON FL 32693</b>	2a. Mailing Address <b>P O BOX 68 TRENTON FL 32693 US</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip <b>32693</b>	Country

**9. Name and Address of Current Registered Agent**  
**WOOD, ERNEST P II  
8050 SE 11TH TERR  
TRENTON FL 32693**

**FILED**  
**00 JAN -3 PM 4:09**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**  
**REINSTATEMENT**  
  
**7/2/99 90012/050 \$150.00**  
**DO NOT WRITE IN THIS SPACE**

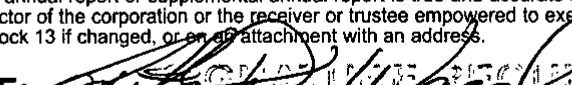
3. Date Incorporated or Qualified <b>01/24/1997</b>	
4. FEI Number <b>59-3419627</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>10. Name and Address of New Registered Agent</b>	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

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 607.0508, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **12-30-99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME <b>D WOOD, RITA D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS <b>8050 SE 11TH TERR</b>		1.2 NAME	<b>300003095313--4</b>
3. CITY-STATE-ZIP <b>TRENTON FL 32693</b>		1.3 STREET ADDRESS	<b>-01/12/00--01004--002</b>
4. CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	<b>*****600.00 *****600.00</b>
5. NAME <b>D WOOD, ERNEST P II</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS <b>8050 SE 11TH TERR</b>		2.2 NAME	
7. CITY-STATE-ZIP <b>TRENTON FL 32693</b>		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY-STATE-ZIP		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY-STATE-ZIP		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY-STATE-ZIP		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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:  DATE: **10-10-99** DAYTIME PHONE #: **352 463 3791**