

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000034425 (3)**

1. Corporation Name
WOOD & MOHR, INC.



Principal Place of Business 2013 E. MISTRAL LANE FORT WALTON BEACH FL 32547	Mailing Address 2013 E. MISTRAL LANE FORT WALTON BEACH FL 32547
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/16/1997

2. Principal Place of Business 21 1731 LIGHTHOUSE POINTE DR	2a. Mailing Address 26 1731 LIGHTHOUSE POINTE DR	4. FEI Number 59-3440245	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 GULF BREEZE, FL	City & State 28 GULF BREEZE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 32561	Country 25 USA	Zip 29 32561	Country 30 USA
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CREW & CREW, P.A.
25 BEAL PARKWAY NE
SUITE 210
FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name SHARON L. WOOD
82 Street Address (P.O. Box Number is Not Acceptable) 1731 LIGHTHOUSE POINTE DR
83 City GULF BREEZE
84 State FL
85 Zip Code 32561

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 **SHARON L. WOOD**

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

Sharon L. Wood

(NOTE: Registered Agent signature required when reinstating)

1/22/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME WOOD, SHARON L	
STREET ADDRESS 2013 E. MISTRAL LANE	
CITY - ST - ZIP FORT WALTON BEACH FL 32547	
TITLE D	<input type="checkbox"/> DELETE
NAME MOHR, JOHN W	
STREET ADDRESS 2013 E. MISTRAL LANE	
CITY - ST - ZIP FORT WALTON BEACH FL 32547	
TITLE D	<input type="checkbox"/> DELETE
NAME MOHR, ROBERT L	
STREET ADDRESS 2013 E. MISTRAL LANE	
CITY - ST - ZIP FORT WALTON BEACH FL 32547	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WOOD, SHARON L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME 1731 LIGHTHOUSE POINTE DR	
1.3 STREET ADDRESS GULF BREEZE, FL 32561	
1.4 CITY - ST - ZIP	
2.1 TITLE MOHR, JOHN W.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 682 REYNARD	
2.3 STREET ADDRESS CINCINNATI, OHIO 45231	
2.4 CITY - ST - ZIP	
3.1 TITLE MOHR, ROBERT L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME 5903 OAKWOOD #2	
3.3 STREET ADDRESS CINCINNATI, OHIO 45224	
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: **SHARON L. WOOD** (1/22/98) (850) 936-1100

CR2E034 (10/97)