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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000034425

1. Corporation Name
WOOD & MOHR, INC.

Principal Place of Business 1731 LIGHTHOUSE POINTE DR GULF BREEZE FL 32561 US	Mailing Address 1731 LIGHTHOUSE POINTE DR GULF BREEZE FL 32561 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/16/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3440245	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRES. SHARON L. WOOD
NAME	WOOD, SHARON L	1.2 NAME	SAME 1731 LIGHTHOUSE PTE. DR.
STREET ADDRESS	1731 LIGHTHOUSE POINTE DR	1.3 STREET ADDRESS	GULF BREEZE, FL 32561
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DIR.
NAME	MOHR, JOHN W	2.2 NAME	SAME
STREET ADDRESS	683 REYNARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45231	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	DIR.
NAME	MOHR, ROBERT L	3.2 NAME	SAME
STREET ADDRESS	5903 OAKWOOD #2	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45224	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Sharon L. Wood
SHARON L. WOOD

5 Feb. 99
5 FEB 1999
850-
936-1100

Date

Daytime Phone #

CR2E034 (11/98)