

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # P97000052626 (3)
 1. Corporation Name
THE WOOD SHED PUB, INC.



Principal Place of Business P.O. BOX 1164 FLORAL CITY F: 34436	Mailing Address P.O. BOX 1164 FLORAL CITY F: 34436
----------------------------------------------------------------------	----------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7989 W CR48 Suite, Apt #, etc.	2a. Mailing Address 26 P.O. Box 1164 Suite, Apt #, etc.
22 City & State 23 Bushnell FL	27 City & State 28 Floral City FL
24 Zip 25 Sumter	29 34436 30 Country

3. Date Incorporated or Qualified 06/13/1997	4. FEI Number 69-3467669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
WAGONER, WALTER A JR
8523 S. CORNET
FLORAL CITY FL 34436

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAGONER, WALTER A JR	
STREET ADDRESS	8523 S. CORNET	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHAMBERLAIN, J M	
STREET ADDRESS	P.O. BOX 530	
CITY-ST-ZIP	FLORAL CITY FL 34436	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wagoner, Walter A JR.	
1.3 STREET ADDRESS	8523 S. Comet Point	
1.4 CITY-ST-ZIP	Floral City FL 34436	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chamberlin, J. M.	
2.3 STREET ADDRESS	8181 E. Orange Ave	
2.4 CITY-ST-ZIP	Floral City FL 34436	
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: *Walter A. Wagoner, Jr.* **WALTER A. WAGONER, JR - 2-9-98**

CR2E034 (10/97)