

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

FILED

Apr 20 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 # P97000073433 (9)

1. Corporation Name  
SHEFFIELD PHELPS WOOD, JR., INC.



Principal Place of Business <del>POST OFFICE BOX 7471</del> <del>PENSACOLA FL 32534</del> 8621 ROSEMONT DR PENSACOLA, FL 32514		Mailing Address <del>POST OFFICE BOX 7471</del> <del>PENSACOLA FL 32534</del> 8621 ROSEMONT DR PENSACOLA, FL 32514	
2. Principal Place of Business 21 8621 ROSEMONT DR. Suite, Apt. #, etc.	2a. Mailing Address 26 8621 ROSEMONT DR. Suite, Apt. #, etc.	22	27
23 City & State PENSACOLA, FL	28 City & State PENSACOLA, FL	24 Zip 32514	29 Country FL
25 Country FL	26 Country FL	27 Country FL	28 Country FL
29 Country FL	30 Country FL	31 Country FL	32 Country FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/22/1997	4. FEI Number 59-3465865	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent GUTTMANN, STEPHEN M 314 SOUTH BAYLEN STREET SUITE 203 PENSACOLA FL 32501		10. Name and Address of New Registered Agent 81 Name GERALD A. MCGILL 82 Street Address (P.O. Box Number is Not Acceptable) 715 SOUTH PALM ST. 83 84 City PENSACOLA FL 85 Zip Code 32501	
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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 *Gerald A. McGill* *Gerard A. McGill* DATE 4/15/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE WOOD, SHEFFIELD P JR. <del>POST OFFICE BOX 7471</del> N/A 8621 ROSEMONT DR PENSACOLA FL 32534 PENSACOLA, FL 32514	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Beverly A. Roby P.O. Box 7471 8621 ROSEMONT DR. PENSACOLA, FL 32534 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE *SP. Wood Jr. Sheffield P. Wood Jr.* DATE 4/15/98 052-445-1221

CR2E034 (10/97)