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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000007922

1. Corporation Name SHERRILL E. WOODS JR., INC.

Principal Place of Business 899 VANDERBILT BEACH ROAD SUITE 116 NAPLES FL 34108

Mailing Address 899 VANDERBILT BEACH ROAD SUITE 116 NAPLES FL 34108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 29 30

3. Date Incorporated or Qualified 01/26/1998 4. FEI Number 65-0807575 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent WOODS, SHERRILL JR 899 VANDERBILT BEACH ROAD SUITE 116 NAPLES FL 34108

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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] DATE 1/6/1999 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME WOODS, SHERRILL JR 1.3 STREET ADDRESS 899 VANDERBILT BEACH ROAD STE 116 1.4 CITY-ST-ZIP NAPLES FL 34108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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, with all other like empowered.

SIGNATURE: [Signature] SHERRILL E. WOODS JR., INC.

DATE 1/6/1999 DAYTIME PHONE # 941-513-0555

CR2E034 (11/98)