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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Mar 09, 1999 8:00 am Secretary of State

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DOCUMENT # P98000009347

1. Corporation Name WOODS SURVEYING SERVICES, INC.



Principal Place of Business 1521 WEST COMANCHE AVENUE TAMPA FL 33603 Mailing Address 1521 WEST COMANCHE AVENUE TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1998

2. Principal Place of Business 21 19006 1ST STREET SW Suite, Apt. #, etc. 22 Mailing Address 26 PO BOX 360188 Suite, Apt. #, etc. 27

4. FEI Number 59-3495693 Applied For Not Applicable

23 TAMPA, FLORIDA City & State 28 TAMPA, FLORIDA City & State

5. Certificate of Status Desired X \$8.75 Additional Fee Required

24 33549 Zip 25 Country 29 33673 Zip 30 Country

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 X

9. Name and Address of Current Registered Agent

AGSTER, RICHARD S 3602 WEST EUCLID AVENUE TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name STEVEN M. WOODS 82 Street Address (P.O. Box Number is Not Acceptable) 1521 W. COMANCHE AVENUE 83 84 City TAMPA, FL 85 Zip Code 33603

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] STEVEN M. WOODS, PRESIDENT JANUARY 26, 1999 DATE

12. OFFICERS AND DIRECTORS

Table with 6 rows for Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for Additions/Changes. Columns: 1.1-1.4 and 2.1-2.4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) and Change/Addition checkboxes.

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] STEVEN M. WOODS, PRESIDENT JANUARY 26, 1999 DATE (813)949-7231 Daytime Phone #

CR2E034 (1/98)

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