

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000038360

Corporation Name  
WOODWORKERS, INC.

Principal Place of Business  
VERNA BETHANY ROAD  
MYAKKA CITY FL 34251

Mailing Address  
6712 VERN BETHANY ROAD  
MYAKKA CITY FL 34251

FILED  
Sep 07, 1999 8:00 am  
Secretary of State

09-07-1999 90010 026 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1998	
Suite, Apt. #, etc.		26		4. FEI Number 65-0829701	
City & State		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOMEZ, SUSAN E 6712 VERN BETHANY ROAD MYAKKA CITY FL 34251		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

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.

NATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
D GOMEZ, JOSEPH 6712 VERN BETHANY ROAD MYAKKA CITY FL 34251		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D GOMEZ, SUSAN E 6712 VERN BETHANY ROAD MYAKKA CITY FL 34251		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: SUSAN E GOMEZ  
SIGNATURE: [Signature] 9/1/99 941 322 8171

CR2E034 (5/99)