

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90126 010 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000072769

1. Corporation Name

THOMAS P. WOOD, INC.



Principal Place of Business  
2650 NE 52 STREET  
LIGHTHOUSE POINT FL 33064-7052

Mailing Address  
2650 NE 52 STREET  
LIGHTHOUSE POINT FL 33064-7052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1998

4. FEI Number

65-0856304

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

2. Principal Place of Business

2a. Mailing Address

21 ~~THOMAS P. WOOD, INC.~~  
Suite, Apt. #, etc.  
22 2900 NE 30th St., 7L

26 Suite, Apt. #, etc.  
27

23 City & State  
Fort Lauderdale FL

28 City & State

24 Zip 33306 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN  
2650 NE 52 STREET  
LIGHTHOUSE POINT FL 33064-7052

10. Name and Address of New Registered Agent

81 Name Wood Thomas P.

82 Street Address (P.O. Box Number is Not Acceptable)

83 ~~THOMAS P. WOOD, INC.~~  
2900 NE 30th St., 7L

84 City Fort Lauderdale FL

85 Zip Code 33306

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 ~~THOMAS P. WOOD~~ Thomas P. Wood

2/1/99  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WILLIAMS, STEPHEN G  
STREET ADDRESS 2650 NE 52 STREET  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064-7052

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST  
1.2 NAME Wood, Thomas P.  
1.3 STREET ADDRESS ~~THOMAS P. WOOD, INC.~~ 2900 NE 30th St., 7L  
1.4 CITY-ST-ZIP Fort Lauderdale FL 33306

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: ~~THOMAS P. WOOD~~ Thomas P. Wood

2/1/99

954-565-5585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)