

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

FILED
Apr 22 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 # 818221 (4)

1. Corporation Name
KECK & WOOD, INC.

Principal Place of Business 3722 PLEASANTDALE ROAD ATLANTA GA 30340	Mailing Address 3722 PLEASANTDALE ROAD ATLANTA GA 30340
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/06/1964	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 58-0801754	
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORBIN, P R
 731 MAY ST
 JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	MOFFITT, MICHAEL J.	
STREET ADDRESS	3345 HIGHLAND PINE DR.	
CITY-ST-ZIP	DULUTH GA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HULSEY, J R	
STREET ADDRESS	4167 ENGLISH OAK DR	
CITY-ST-ZIP	DORAVILLE, GA 00000	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	CORBIN JR, C C	
STREET ADDRESS	3247 OLDE DEKALB WAY	
CITY-ST-ZIP	ATLANTA, GA 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STANLEY JR, J B	
STREET ADDRESS	135 S ROBERTS DR	
CITY-ST-ZIP	SUGAR HILL, GA 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENZ, D D	
STREET ADDRESS	582 OLD MILL CT	
CITY-ST-ZIP	NORCROSS, GA 00000	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

SIGNATURE: *James Hulsey* 4-15-98 7705938-1354

CR2E034 (10/97)