

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90048 009 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 818221

1. Corporation Name
KECK & WOOD, INC.

Principal Place of Business
 3722 PLEASANTDALE ROAD
 ATLANTA GA 30340

Mailing Address
 3722 PLEASANTDALE ROAD
 ATLANTA GA 30340



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/06/1964

4. FEI Number **58-0801754** Applied For
 Not Applicable

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

6. Election Campaign Financing **\$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
 21 22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country

2a. Mailing Address
 26 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFITT, MICHAEL J.	1.2 NAME	
STREET ADDRESS	3345 HIGHLAND PINE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULSEY, J R	2.2 NAME	
STREET ADDRESS	4167 ENGLISH OAK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DORAVILLE, GA 00000	2.4 CITY-ST-ZIP	
TITLE	TVD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN JR, C C	3.2 NAME	
STREET ADDRESS	3247 OLDE DEKALB WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY JR, J B	4.2 NAME	
STREET ADDRESS	135 S ROBERST DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUGAR HILL, GA 00000	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, D D	5.2 NAME	
STREET ADDRESS	582 OLD MILL CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS, GA 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **4-28-99** 170/939-1328
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Hulsey** Date: Daytime Phone #

CR2E034 (11/98)