

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K00693

(7)

1. Corporation Name

COMBINED WOODWORKING, INC.



Principal Place of Business

Mailing Address

7534 BLACKJACK CR.  
GULF BREEZE FL 32566-7807

7534 BLACKJACK CR.  
GULF BREEZE FL 32566-7807

2. Principal Place of Business

2a. Mailing Address

21 7537 BLACKJACK CR

26 7537 BLACKJACK CR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NAVARRE FL

28 NAVARRE FL

24 Zip Country

29 Zip Country

30 32566

30 32566

3. Date Incorporated or Qualified

11/02/1987

3a. Date of Last Report

03/20/1995

4. FEI Number

59-2858826

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 has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PITTMAN, MARVIN E.  
3650 BOB TOLBERT RD  
NAVARRE FL 32566

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

Signature typed in block 12 or block 13 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MOORE, STEVE T.  
STREET ADDRESS 7533 BLACKJACK CR.  
CITY-ST-ZIP GULF BREEZE FL

DELETE

TITLE VD  
NAME LONG, ROY V.  
STREET ADDRESS 7535 BLACKJACK CR.  
CITY-ST-ZIP GULF BREEZE FL

DELETE

TITLE STD  
NAME MOORE, BECKY  
STREET ADDRESS 7533 BLACKJACK CR.  
CITY-ST-ZIP GULF BREEZE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

NAVARRE FL 32566

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

NAVARRE FL 32566

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

S/D

MOORE, BECKY

7533 BLACKJACK CR

NAVARRE FL 32566

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

T/D

SUE LONG

7535 BLACKJACK CR

NAVARRE FL 32566

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steve Moore (Steve Moore)

6-18-96

904-939-9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)