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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

WOODBURN AND SON, INC.

Principal Place of Business

Mailing Address

FILED Mar 25 1998 8:00am Secretary of State



14395 U.S. HIGHWAY #1 SEBASTIAN FL 32958			14395 U.S. HIGHWAY #1 SEBASTIAN FL 32958			DO NOT WRITE IN	I THIS SPACE	
						3. Date Incorporated or Qualified		
						08/04/1988		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0125342		Not Applicable	
22 22	Sulte, Apt. #, etc.		Suite, Apl. #, etc.				S8.75 Additional Fee Required	
	City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,	
Z 24	ip	Country 25	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
25 29 30 30						10. Name and Address of New Regis		AINO
		URN DALE	10.					
832 E EMERSON					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
PALM BAY FL 32957				82	8045 1	ess (P.O. Box Number is Not Acceptable) 35th Street	•	j
Trum Bill to OLOGI				83		SSON BOLEED		
				84	O:5-		11-	- 0 - 1
				04	City Rosela	ınd	FL 85 Z	ip Code 32958
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I bereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I bereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	DV		☐ DELETE	1.1 TITLE			Chang	
NAME	WC	ODBURN, DALE		1.2 NAME				
STREET	ADDRESS 804	15 135TH ST.		1.3 STREE	T ADDRESS			
CITY-S		SELAND FL		1.4 CITY - ST - ZIP				13
TITLE		— — — — — — — — — — — — — — — — — — —		2.1 TITLE			☐ Chang	e 🔲 Addition
NAME		ODBURN, ARNOLD		2.2 NAME				1
STREET		I SW 24TH ST.		2.3 STREE	T ADDRESS			
CITY-S	T-ZIP VE	RO BEACH FL		2. 4 CITY-	ST-ZIP			
TITLE	1		☐ DELETE	3.1 TITLE			☐ Chang	e 🔲 Addition
NAME				3.2 NAME				ļ
	ADDRESS				T ADDRESS			Į
CITY+S	IT-ZIP		DELETE	3.4. CITY -	ST-ZIP		Channe	a Addition
TITLE NAME			רו הנונונ	4.1 TITLE			∐ Changi	e 🔲 Addition
	ADORESS			4. 2 NAME	T ADDRESS			
CITY-S				4.4 CITY-1				
TITLE			DELETE	5.1 TITLE	31-51		☐ Change	e Addition
NAME				5.2 NAME				
	ADDRESS				F ADDRESS			
CITY-S	i i			5.4 CiTY-S				ļ
TITLE			DELET e	6.1 TITLE	'		Change	Addition
NAME				6.2 NAME				
STREET	ADDRESS			6.3 STREET	ADDRESS			
CITY-S	T-ZIP			6.4 CITY - 9	ST-ZIP			

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.