CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000074068

1. Corporation Name

SEABORN WOODWORKING, INC.

Principal Place of Business	Mailing Address	
112 DIXON LANE	112 DIXON LANE	
PENSACOLA FL 32507	PENSACOLA FL 32507	

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90064 047 ***158.75

Principal Place	e of Business	Mailing Address					OUS OUT 1050	OIEN OBINO	
112 DIXON LAN	E	112 DIXON LANE							
PENSACOLA FL 32507 PENSACOLA FL 32507									
						DO NOT WRITE	IN THIS SP.	ACE	
						3. Date Incorporated or Qualifed			
						10/18/1993		1 .	
2. Principal Pl	tace of Business	2a. Mailing Address				4. FEI Number		\rightarrow	lied For
21		26				59-3281902			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	× ·	8.75 A.	
22		27					<u> </u>		
City & State	8	City & State				6. Election Campaign Financing		\$5.00 N Added to	
23	Court	28 Zin	Cou	ntn.	_	Trust Fund Contribution		· · · · · ·	rees
Zip	Country	Zip	30	пау		 This corporation owes the current Personal Property Tax. 			JNo
24	9. Name and Address of Currer		[30]	1		10. Name and Address of New Reg			
	9. Name and Address of Currer	it Registered Agent	-	81	Name	10. (4dille dild Madross of Itom Fing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BOR	N, CHRISTOPHER C								
	A DIXON LANE			82	Street Ad	dress (P.O. Box Number is Not Acceptable	e)		
	SACOLA FL 32507			83					
				03					
				84	City			35 Zip C	ode
		1 007 4500 Fly 44- 04-4-4		Ш			roose of cha	naina ite r	egistered
office or re	egistered agent or both in the State	of Florida, Such change was as	HIDOOZEC	1 bv	the comor	orporation submits this statement for the pu ation's board of directors. I hereby accept to	he appointm	ent as reg	istered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	rida Statı	utes.	. `				ŀ
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: ND DIRECTORS	Registered	Agen	t signature req	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
TITLE	PD OFFICERS AN	DELETE	1.1 T	ne		President		Change	Addition
	BORN, OTTO C		1			BORN, CHRISTOPHER, C		-	
NAME	BORN, CHRISTOPHER, C		1.2 NAME			00,01-7			
STREET ADDRESS	*		4 2 27	1.3 STREET		112 DIXAN LAWE			
CITY-ST-ZIP						112 DIXON LAWE		7	
	PENSACOLA FL 32507	□ DELETE	1.4 CF	TY-SI	r- ZIP	112 DIXON LAWE Penscacola, FC	3250	フ]Change	☐ Addition
TITLE	VP	☐ DELETE	1.4 CΓ 2.1 TΓ	TY-SI	r-ZIP	112 DIXON LAWE Penscacola, FC	3250	フ] Change	Addition
NAME	VP Born, Otto C	☐ DELETE	1.4 CF 2.1 TF 2.2 N/	TY-ST TLE AME		112 DIXON LAWE Penscacola, FC	3250	フ] Change	☐ Addition
1	VP BORN, OTTO C 116 A DIXON LANE	☐ DELETE	1.4 CF 2.1 TF 2.2 NV 2.3 ST	TY-ST TLE AME TREET	ADORESS	112 DIXON LAWE Penscacola, FC	3250	フ] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VP Born, Otto C		1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C	TY-ST TLE AME TREET	ADORESS	112 DIXON LAWE PENSCACOLA, FC	<u>3250</u>] onungo	
NAME STREET ADDRESS	VP BORN, OTTO C 116 A DIXON LANE	☐ DELETE	1.4 CI 2.1 TI 22 N/ 2.3 ST 2.4 C 3.1 TI	TY-ST TLE AME TREET STY-S TLE	ADORESS	112 DIXON LAWE PENSCACOLA, FC	<u>3250</u>	フ] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP BORN, OTTO C 116 A DIXON LANE		1.4 Cr 2.1 Tr 2.2 N/ 2.3 ST 2.4 C 3.1 Tr 3.2 N/	TY-ST TLE AME TREET STY-S TLE AME	ADORESS T-ZIP	112 DIXON LAWE PENSCACOLA, FC	<u>3250</u>] onungo	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP BORN, OTTO C 116 A DIXON LANE		1.4 Cr 2.1 Tr 2.2 N/ 2.3 ST 2.4 C 3.1 Tr 3.2 N/ 3.3 ST	TY-ST TLE AME TREET STY-S TLE AME	ADORESS T. ZIP	112 DIXON LAWE PENSCACOLA, FC	<u>3250</u>] onungo	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORN, OTTO C 116 A DIXON LANE	□ DELETE	1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C	TY-ST TLE AME TREET STY-S TLE AME TREET	ADORESS T. ZIP	112 DIXON LAWE PENSCACOLA, FC	3250] Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP BORN, OTTO C 116 A DIXON LANE PENSACOLA FL 32507	□ DELETE	1.4 CI 2.1 π 2.2 N 2.3 ST 2.4 C 3.1 π 3.2 N 3.3 ST 4.2 N 4.3 ST 4.4 CI 5.1 π	TY-SITLE AME TREET TILE AME TREET TILE AME TREET TILE TREET TY-S TILE	ADORESS T-ZIP ADORESS T-ZIP	112 DIXON LAWE PENSCACOLA, FC	3250] Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	VP BORN, OTTO C 116 A DIXON LANE PENSACOLA FL 32507	☐ DELETE	1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI 6.1 TT	TY-ST TLE TREET TILE AME TREET TLE TILE TILE TILE TILE TILE TILE TI	ADORESS T-ZIP ADORESS T-ZIP ADORESS T-ZIP ADORESS	Penscacola, FC	3250	Change	Addition Addition
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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 of 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 of mystee 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, withall other like empowered.

SIGNATURE:

C. BORN