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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000021516 (5)**

1. Corporation Name

WOODBURN CORPORATION



Principal Place of Business

**2709 ALAMOSA COURT
APOPKA FL 32703**

Mailing Address

**2709 ALAMOSA COURT
APOPKA FL 32703-7728**

3. Date Incorporated or Qualified

03/04/1986

3a. Date of Last Report

2. Principal Place of Business

21 **435 Douglas Ave**

Suite, Apt. #, etc.

22 **1905-B**

City & State

23 **Altamonte Springs FL**

Zip

24 **32714**

Country

25 **USA**

2a. Mailing Address

26 **435 Douglas Ave**

Suite, Apt. #, etc.

27 **1905-B**

City & State

28 **Altamonte Springs FL**

Zip

29 **32714**

Country

30 **USA**

4. FEI Number

593365113

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

**COHEN, ROBERT C
301 SO. MILWEE STREET
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name **Kimberly M. Woodburn**

82 Street Address (P.O. Box Number is Not Acceptable)

435 Douglas Ave

83 **1905 B**

84 City **Altamonte Springs**

FL

85 Zip Code **32714**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement to 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]

Kimberly M. Woodburn VP

4-30-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WOODBURN, BRUCE**
STREET ADDRESS **2709 ALAMOSA COURT**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ DELETE

NAME **WOODBURN, KIMBERLY**
STREET ADDRESS **2709 ALAMOSA COURT**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly M. Woodburn 4-30-97 4078698830

Date

Daytime Phone #

0082115

CR2E034 (9/96)