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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000021516**1. Corporation Name

WOODBURN CORPORATION

Principal Place	e of Business	· Mailing Address					
445 DOUGLAS AVE		445 DOUGLAS AVE					
/ 1805   ALTAMONTE SPRINGS FL 32714		18053 ALTAMONTE SPRINGS FL 32714		DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualifed			
					03/04/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26		59-3365113		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75		
22		27		3. Certificate of Status Desired	Fee Re	equired	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28 Country		Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Inte	angible Yes	□No
24	9. Name and Address of Current	29 3	10		Personal Property Tax.  10. Name and Address of New Registered A		⊔ NO
	5. Hame and Auditoo or Carren	1 1/2	81	Name	10. Italiie and Address of them Adgratored	-yem	
	ODBURN, KIMBERLY M						
	DOUGLAS AVE		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
1805	5		83				Tall the last
" ALTA	AMONTE SPRINGS FL 32714			- <del></del>		7,77	
			84	City	FL.	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the above	-named cor	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changing its	registered
office or re agent. I a	egistered agent, or both, in the State of medical states of the college of the co	of Florida. Such change was autrions of, Section 607.0505, Florid	horized by la Statutes.	,		ntment as re	gistered
SIGNATURE	MAIMOCOLL	- LUWhor	HOUVE	$\neg V$	P 1/579	19	
	Signature, typed or printed name of registered agent			t signature requi	ired when reinstating) DATE		
12.	OFFICERS ANI	D DIRECTORS	13.	t signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
12.	OFFICERS ANI		13. 1.1 TITLE	t signature requi		D DIRECTO	DRS IN 12
12. TITLE NAME	OFFICERS AND D WOODBURN, BRUCE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME				
12. TITLE NAME STREET ADDRESS	OFFICERS ANI D WOODBURN, BRUCE 2709 ALAMOSA COURT	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D WOODBURN, BRUCE 2709 ALAMOSA COURT APOPKA FL 32703	D DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS		Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D WOODBURN, BRUCE 2709 ALAMOSA COURT APOPKA FL 32703 D	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D WOODBURN, BRUCE 2709 ALAMOSA COURT APOPKA FL 32703 D WOODBURN, KIMBERLY	D DIRECTORS ☐ DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME	ADDRESS -ZIP		Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS ANI D WOODBURN, BRUCE 2709 ALAMOSA COURT APOPKA FL 32703 D WOODBURN, KIMBERLY 2709 ALAMOSA COURT	D DIRECTORS ☐ DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS -ZIP ADDRESS		Change	☐ Addition
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12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS ANI D WOODBURN, BRUCE 2709 ALAMOSA COURT APOPKA FL 32703 D WOODBURN, KIMBERLY 2709 ALAMOSA COURT	D DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS ANI D WOODBURN, BRUCE 2709 ALAMOSA COURT APOPKA FL 32703 D WOODBURN, KIMBERLY 2709 ALAMOSA COURT	D DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S' 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP 15

415/994078698830

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90055 017 \*\*\*150.00