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FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 515068

(5)

1. Corporation Name

CLOCK WORLD OF FLORIDA, INC.



Principal Place of Business

Mailing Address

719 LEE ROAD  
ORLANDO FL 32810

719 LEE ROAD  
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1976

4. FEI Number

59-1690644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FOREMAN, MARY, P  
719 LEE RD  
ORLANDO FL 32810-2621

10. Name and Address of New Registered Agent

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 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 FOREMAN, MEEKS ISAAC SR.  
STREET ADDRESS 719 LEE ROAD  
CITY- ST- ZIP ORLANDO FL

TITLE PD ☐ DELETE  
NAME FOREMAN, MEEKS ISAAC JR.  
STREET ADDRESS 719 LEE ROAD  
CITY- ST- ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME FOREMAN, MARY POST  
STREET ADDRESS 719 LEE ROAD  
CITY- ST- ZIP ORLANDO FL

TITLE STD ☐ DELETE  
NAME FOREMAN, CHIP P  
STREET ADDRESS 719 LEE ROAD  
CITY- ST- ZIP ORLANDO FL

TITLE VPD ☒ DELETE  
NAME DEESE, SHIRLEY, F  
STREET ADDRESS 719 LEE ROAD  
CITY- ST- ZIP ORLANDO FL

TITLE D ☒ DELETE  
NAME DEESE, CLYDE  
STREET ADDRESS 719 LEE ROAD  
CITY- ST- ZIP ORLANDO FL

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 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.

SIGNATURE:

*Handwritten signature*

Chip P Foreman STD 1-7-98 482-145-4828

CR2E034 (10/97)