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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000059729 (1)**

1. Corporation Name

WORTHINGTON PROPERTIES INCORPORATED

Principal Place of Business	Mailing Address
~~N 215 N EOLA DR~~ ~~ORLANDO FL 32801~~ 100 EAST SYBELIA AVE - SUITE 225 WHITLAND FL. 32751	~~100 EAST SYBELIA AVE - SUITE 225~~ ~~N 215 N EOLA DR~~ ~~ORLANDO FL 32801~~ WHITLAND Florida 32751

2. Principal Place of Business	2a. Mailing Address
21 100 EAST SYBELIA AVE	26 100 EAST SYBELIA AVE
Suite, Apt. #, etc. 22 SUITE 225	Suite, Apt. #, etc. 27 SUITE 225
City & State 23 WHITLAND Florida	City & State 28 WHITLAND Florida
Zip 24 32751 Country 25	Zip 29 32751 Country 30

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report: 07/20/1995
4. FEI Number: 65-0518899 ☐ 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

~~RYAN, MICHAEL~~
~~215 N EOLA DR~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name: MARC L. HAGLE
82 Street Address (P.O. Box Number is Not Acceptable)
83 100 EAST SYBELIA AVE - SUITE 225
84 City: WHITLAND FL 85 Zip Code: 32751

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: Marc L Hagle - MARC L. HAGLE (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when revoking) DATE: 7/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	KRUMM, WALTER T	1.2 NAME	WALTER T. KRUMM
STREET ADDRESS	~~885 BETHEL RD~~ 4981 GULFSHORE BLVD N. PH301	1.3 STREET ADDRESS	4981 GULFSHORE BLVD N - PH301
CITY-ST-ZIP	~~COLUMBUS OH 43214~~ NAPLES FL 34103	1.4 CITY-ST-ZIP	NAPLES FL 34103
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Walter T. Krumm 7/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)