## 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 # P95000046837

WORTHY ENTERPRISES, INC.

WORITTI	LIVILIII MOLO, MO.						
Principal Place	of Business	Mailing Address			· · · · · · · · · · · · · · · · · · ·	## # # # # # # # # # # # # # # # # # #	
10105 CEDAR RUN 10105 CEDAR RUN					·		
TAMPA FL 33619 TAMPA FL 33619					DO NOT WRITE IN 1	THIS SPACE	
,						TIIS OF ACE	
					3. Date Incorporated or Qualifed		
					06/12/1995	Applied For	
Principal Place of Business     2a. Mailing Address					4. FEI Number	<u> </u>	
21 26					59-3339185	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	* \$5.00 May Be	
23					Trust Fund Contribution	. Added to Fees	
Zip	ip Country Zip Co			untry 8. This corporation owes the current year Intengible Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	ered Agent	
	3. (tallia dila Addissa)		81	Name	•		
LIFSEY, J. STANFORD				Street Add	Idress (P.O. Box Number is Not Acceptable)		
120 HYDE PARK PLACE			83		4 7 , 22 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE TAX TAX TAX THE CONTEST OF	
SUITE 120			63			新拉拉特 <u>斯爾開發輸</u>	
TAMPA FL 33606			84	City	to the warmer of the second of	FL 85 Zip Code	
<b>,</b>							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu					poration submits this statement for the purpo- ion's board of directors. I hereby accept the a	appointment as registered	
SIGNATURE	,				<u> </u>	****	
SIGNATORE	Signature, typed or printed name of registered age		<del>-</del>	nt signature require	ed when reinstating) DA  ADDITIONS/CHANGES TO OFFICER		
12.	OFFICERS AI	ID DIRECTORS	13.			Change Addition	
TITLE	PD	☐ DELETË	1.1 TITLE		51.48.58		
NAME	Worthy, Ben L		1.2 NAME				
STREET ADDRESS	10105 CEDAR RUN		1.3 STREE	TADDRESS		•	
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-S	T-ZIP			
TITLE	VP	DELETE	2.1 TITLE	i		Change Addition	
NAME	WORTHY, JAMES N	•	2.2 NAME				
STREET ADDRESS	10105 CEDAR RUN		2.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	TAMPA FL 33619	And the second	.2. 4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	TAINI ATE GOOTS	☐ DELETE	3.1 TITLE			Change Addition	
, (f-t	1. 5. St. 18 4 5 5 5		3.2 NAME				
NAME 1			33 STREE	T ADDRESS			
STREET ADDRESS	E 190		3.4. CITY-	L.			
CITY-ST-ZIP.	7 S 44 S 5	. □ DELETE	4.1 TITLE	01-228	The state of the s	Change Addition	
πιε							
NAME		1. A	4, 2 NAME				
STREET ADDRESS		Survey Survey		T ADDRESS			
CITY-ST-ZIP			4.4 CITY- 8	ST-ZIP		Change Addition	
TITLE		☐ DELETE	5.1 TITLE			Courage Common	
NAME			5.2 NAME		· ·		
			53 STREE	T ADDRESS			

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 poort 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 my true 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

独语识别

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

1/4/99

813-689-3096

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90045 040 \*\*\*150.00

☐ Change