FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFI1 CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 473352 1. Corporation Name

(3)

GLENN M. WOODWORTH, P.A.

GLLINI	m. Woodform, C.A.				
Principal Place	of Business	Mailing Address			I CIDI DIBIR DEBIL DIDIL BIDIL DEBIL DIBIR INDI
696 FIRST AVI SUITE 400 ST PETERSBU		696 FIRST AVE N. SUITE 400 ST PETERSBURG FL	33701	Date Incorporated or Qualified	
US		US			3a. Date of Last Report 03/27/1995
r	nce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1586468	Not Applicable
Suite, Apt. (22	v •	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zφ	Country	Ζιρ	Country	8. This corporation has liability for	
24	25	29	30		s No
<u> </u>	9. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New I	Hegistered Agent
DDEEE	ANDA TODO		Glenn	M. Woodworth	
DREFFUS, ANDRA TODD				ress (P.O. Box Number is Not Accepta	ble)
311 SOUTH MISSOURI AVE. CLEARWATER FL 33516			83 Suite	rst Avenue North	
CLEARW	AIER FL 33310		Suite	400	
			84 City St. P	etersburg	FL 85 33701
11. Parsuant t	to the provisions of Sections 607.05	502 and 607 1508, Florida Stat	utes, the above-named corpo	ration submits this statement for the purid of directors. I hereby accept the app	urpose of changing its registered office
or register familiar wit	ed agent, or both, in the State of F th, and accept the obligations of S	lorida. Such change was author fection 607.0505, Florida Statut	rized by the corporation's boa es.	ird of directors. I hereby accept the app	pointment as registered agent. I am
SIGNATURE	/ Sommer	Gler Lucy	nn M. Woodworth		2/29/96
	Signature, to its or printed halve of registered a		NOTE: Registered Agent signature require		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	WOODWORTH, GLENN M	****	1.2 NAME		
STREET ADDRESS	696 FIRST AVE. N. SUITE		1.3 STREET ADDRESS		
City-St-ZiP	ST PETERSBURG, FL 0000	DELETE	1.4 C(TY-ST-Z)P		☐ Change ☐ Addition
11'11			2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ACORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	☐ DELETE	2.4 CITY-ST-ZIP 3.1 THLE		Change Addition
NAME			3.2 NAME		
SIFELI ADORESS			3.3 STREET ADDRESS		
CHTY - ST - ZIP	1		3.4 CITY - ST - ZIP		
THEF		☐ DELETE	4 1 TITLE		Change Addition
NAM(4.2 NAME		
STREET ADDRESS			4.3 STREFT ADDRESS		
City S1-ZiF	}		4.4 CITY - ST - ZIP		
TILLF	<u> </u>	DELETE	5 1 TITLE		Change Addition
NAMt			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY+S1-ZIP			5 4 CITY - ST - ZIP		
THE		DELETE	6 1 TITLE		Change Addition
NAME:			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C-11-S1-Z-P	l		6 4 CITY - ST - ZIP		0.07(0)(1) [1]
d continuity	Litha information indicated or this s	annual renort or sunniemental a	noual report is tale and accur:	for the exemption stated in Section 119 ate and that my signature shall have th	e same legal effect as if made under
oath; that	Tani an officer or disastor of the co i Block 12 or Block 13 if o langed,	orporation or the receiver or trus	stee empowered to execute th	ils report as required by Chapter 607, F	Florida Statutes; and that my name

SIGNATURE: 🗸 🗸

Glenn M. Woodworth

2/29/96

(813)892-2499

Daytime Phone #