

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
3000 W. U.S. 1, SUITE 1000
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

DOCUMENT # 626664
WORTHINGTON SALES COMPANY

(7)

MAY 3 1997
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3052 LAKESIDE DRIVE
P. O. BOX 6010
FERNANDINA BEACH FL 32034

Mailing Address
3052 LAKESIDE DRIVE
P. O. BOX 6010
FERNANDINA BEACH FL 32034

PLEASE PRINT OR TYPE IN THIS SPACE

3. Date of Incorporation or Organization: 06/19/1979
3a. Date of Last Report: 02/28/1994
4. FIC Number: 59-1933134
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 193.03, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: 21
2b. Mailing Address: 26
2c. State: 22
2d. City & State: 27
2e. City: 23
2f. State: 28
2g. City: 24
2h. State: 25
2i. City: 29
2j. State: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORTHINGTON, WALTER H.
2162 LAKESIDE DR
FERNANDINA BEACH FL 32034

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: FL
85. Zip Code:

11. Pursuant to the provisions of Sections 867.05(2) and 607.15(6), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.04(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is Not a Corporation)

Signature of Registered Agent (If Registered Agent is a Corporation)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME WORTHINGTON, WALTER H. 2162 LAKESIDE DR FERNANDINA BCH. FL	P	13.1 NAME 2162 LAKESIDE DR FERNANDINA BCH. FL	☐ Change ☐ Addition
12.2 NAME WORTHINGTON, HELEN I. 2162 LAKESIDE DR FERNANDINA BCH. FL	ST	13.2 NAME 2162 LAKESIDE DR FERNANDINA BCH. FL	☐ Change ☐ Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP		13.3 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP		13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP		13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP		13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.7 NAME STREET ADDRESS CITY, ST, ZIP		13.7 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.8 NAME STREET ADDRESS CITY, ST, ZIP		13.8 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.9 NAME STREET ADDRESS CITY, ST, ZIP		13.9 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.10 NAME STREET ADDRESS CITY, ST, ZIP		13.10 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the security date stated in Sections 193.03(1) and 193.03(2), Florida Statutes. I further certify that the information included 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 that its name or function empowers me to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on another form with an address.

SIGNATURE: *Walter H. Worthington*
WALTER H. WORTHINGTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 9042618071