

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90007 043 ***158.75

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 626664 1. Corporation Name WORTHINGTON SALES COMPANY			
Principal Place of Business 4252 JOHNS CEMETARY RD MIDDLEBURG FL 32068 US		Mailing Address PO BOX 1161 MIDDLEBURG FL 32050 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
24		25	
29		30	
9. Name and Address of Current Registered Agent BELLEAU, FRANK 2173 LAKESIDE DRIVE EAST FERNANDINA BEACH FL 32034		10. Name and Address of New Registered Agent 81 Name Linda Worthington 82 Street Address (P.O. Box Number is Not Acceptable) 4252 Johns Cemetery Road 83 84 City Middleburg FL 85 Zip Code 32068	
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 Linda Worthington Linda Worthington President 8-24-99 (NOTE: Registered Agent signature required when resigning) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME WORTHINGTON, WALTER H STREET ADDRESS 4252 JOHNS CEMETARY RD CITY-ST-ZIP MIDDLEBURG FL 32068	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME WORTHINGTON, Linda 1.3 STREET ADDRESS 4252 Johns Cemetery Rd 1.4 CITY-ST-ZIP Middleburg FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME WORTHINGTON, DONALD STREET ADDRESS 4252 JOHNS CEMETARY RD CITY-ST-ZIP MIDDLEBURG FL 32068	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS Same 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, unchanged, or on an attachment with an address.			
SIGNATURE Linda Worthington SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-13-99 904-291-1829 Date Daytime Phone #	

CR2E034 (5/99)