=:=:: **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Jan 09, 2001 8:00 am Secretary of State **DOCUMENT # 626664** 1. Entity Name **≡**:..:: WORTHINGTON SALES COMPANY 01-09-2001 90025 018 ***158.75 Mailing Address Principal Place of Business PO BOX 1161 4252 JOHNS CEMETARY RD MIDDLEBURG FL 32050 MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1933134 **=**::: Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name =:::: =:::: WORTHINGTON, LINDA Street Address (P.O. Box Number is Not Acceptable) 4252 JOHNS CEMETERY RD MIDDLEBURG FL 32068 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State =:75 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE WORTHINGTON, LINDA NAME NAME STREET ADDRESS 4252 JOHNS CEMETARY RD STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE WORTHINGTON, DONALD MARAE NAME STREET ADDRESS STREET ADDRESS 4252 JOHNS CEMETARY RD CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME WORTHINGTON, LINDA **■**:37 STREET ADDRESS STREET ADDRESS 4252 JOHNS CENTURY RD CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE =:::::: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Worthington Axida JA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR