

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **649147** (6)
1. Corporation Name
WORTH CONTRACTING, INC.

Principal Place of Business
**2112 JERNIGAN RD.
JACKSONVILLE FL 32207**

Mailing Address
**2112 JERNIGAN RD.
JACKSONVILLE FL 32207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1979	
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-1969760		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WORTH, KATHERINE G. 6938 ALMOURS DRIVE JACKSONVILLE, FL 32217				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				FL 85. Zip Code	

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	SD
NAME	WORTH, JOSEPH C III	1.2 NAME	Morris, Harriett E.
STREET ADDRESS	6938 ALMOURS DR	1.3 STREET ADDRESS	2112 Jernigan Road
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	DP	2.1 TITLE	
NAME	WORTH, KATHERINE	2.2 NAME	
STREET ADDRESS	6938 ALMOURS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	GARCES, O.S.	3.2 NAME	
STREET ADDRESS	8457 SAN ARDO DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	BAKER, BESSIE M.	4.2 NAME	
STREET ADDRESS	580 OLD JEFFERSON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSLAND GA	4.4 CITY-ST-ZIP	
TITLE	SECRETARY	5.1 TITLE	
NAME	MORRIS, HARRIETT E.	5.2 NAME	
STREET ADDRESS	2112 JERNIGAN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 if changed, or on an attachment with an address.

SIGNATURE *Katherine G. Worth* KATHERINE GARCES WORTH, PRES. 1/26/98 904 396-6363

CR2E034 (10/97)