

DOCUMENT # 649147

1. Entity Name

WORTH CONTRACTING, INC.

AMENDEDFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 15 AM 10:29

Principal Place of Business

Mailing Address

2112 JERNIGAN RD.
JACKSONVILLE FL 322072112 JERNIGAN RD.
JACKSONVILLE FL 32207-6606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FE Number

59-1969760

Approved For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORTH, KATHERINE G.
6938 ALMOURS DRIVE
JACKSONVILLE, FL
32217

Name

Street Address (P.O. Box Number is Not Accepted)

City

FL 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

Katherine G. Worth

08/10/00

Signature of officer or director of registered agent and not add. card

NOTE: Registered Agent's signature required when changing.

DATE

9. This corporation is required to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May be
Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VPD	TITLE	
NAME	WORTH, JOSEPH C III	NAME	
STREET ADDRESS	6938 ALMOURS DR	STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	CITY-STATE-ZIP	
TITLE	DP	TITLE	
NAME	WORTH, KATHERINE	NAME	
STREET ADDRESS	6938 ALMOURS DR	STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	CITY-STATE-ZIP	
TITLE	DT	TITLE	
NAME	GARCES, O.S.	NAME	
STREET ADDRESS	8457 SAN ARDO DR.	STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	CITY-STATE-ZIP	
TITLE	SD	TITLE	
NAME	WORTH, KATHERINE	NAME	
STREET ADDRESS	6938 ALMOURS DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL 32217	CITY-STATE-ZIP	
TITLE		TITLE	SD
NAME		NAME	ANNE LAVIN LAWRENCE
STREET ADDRESS		STREET ADDRESS	2112 JERNIGAN RD.
CITY-STATE-ZIP		CITY-STATE-ZIP	JACKSONVILLE, FL. 32207
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine G. Worth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/00 904396 6363 EXT 26

Date

Daytime Phone