FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:01

DOCUMENT # 855370 (3)

1. Corporation Name
WORSLEY COMPANIES' TAMPA, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 3227 WILMINGTON NC 28406 US	POST OFFICE BOX 3227 WILMINGTON NC 28406 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/28/1983	3a. Date of Last Report: 05/01/1994
4. FEI Number: 56-1350986	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONLEY, KEVIN
11511 HIGHWAY 301 NORTH
TNONOTASASSA FL 33592

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 _____ DATE
Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	CD	☒ Change ☐ Addition
NAME	WORSLEY, W. C. JR.	12 NAME		
STREET ADDRESS	10 CARDINAL DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON NC	14 CITY-ST-ZIP	Wilmington, NC 28406	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	AMBROSE, WILLIAM A	22 NAME		
STREET ADDRESS	10 CARDINAL DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON NC	24 CITY-ST-ZIP	Wilmington, NC 28406	
TITLE	DVP	31 TITLE	PD	☒ Change ☐ Addition
NAME	WORSLEY, W. CECIL III	32 NAME		
STREET ADDRESS	10 CARDINAL DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON NC	34 CITY-ST-ZIP	Wilmington, NC 28406	
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	WOOTTON, JIM	42 NAME	James N. Wootton	
STREET ADDRESS	10 CARDINAL DR	43 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON NC	44 CITY-ST-ZIP	Wilmington, NC 28406	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WORSLEY,W.CECIL III	52 NAME		
STREET ADDRESS	10 CARDINAL DR	53 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON NC	54 CITY-ST-ZIP	Wilmington, NC 28406	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William A. Ambrose Executive Vice President 3.22.95 910-395-5300
(Date) (Telephone Number)

0486107 FN