

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Apr 29 1996 8:00 am  
Secretary of State

DOCUMENT # **F07051** (8)

1. Corporation Name  
**WORLEY GROVES, INC.**



Principal Place of Business  
**43 SIRENA DR  
LAKE PLACID FL 33852  
US**

Mailing Address  
**43 SIRENA DR  
LAKE PLACID FL 33852  
US**

3. Date Incorporated or Qualified  
**11/26/1980**

3a. Date of Last Report  
**04/19/1995**

4. FEI Number  
**59-2065304**

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  
**21**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

Zip  
**24**

Country  
**25**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**27**

City & State  
**28**

Zip  
**29**

Country  
**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WILKES, W ROY~~  
~~1068 US 27 N~~  
~~LAKE PLACID 33852~~

81 Name  
**Lisa Sherman**

82 Street Address (P.O. Box Number is Not Acceptable)  
**111 Park Avenue East**

83

84 City  
**Lake Placid**

85 Zip Code  
**FL 33852**

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

**04/22/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	WORLEY, JEFF	43 SIRENA DR.	LAKE PLACID FL	<input type="checkbox"/>
STD	WORLEY, VIOLA	43 SIRENA DR.	LAKE PLACID FL	<input type="checkbox"/>
D	WORLEY, RAY	43 SIRENA DR	LAKE PLACID FL	<input type="checkbox"/>
D	WORLEY, MICHAEL	43 SIRENA DR	LAKE PLACID FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. CHANGE	6. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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:

*Jeff Worley*

President/Director

**04/22/96**

**(941) 465-2528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)