

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F80047

J. WORTH WILLIAMS & ASSOCIATES EXPORTERS, INC.

Phi	ncipal Place of Business		M	alling Address	
	RIVER HILLS DR. IPLE TERRACE FL 33617			RIVER HILLS DR. MPLE TERRACE FL (	33617
<del></del>	Principal Place of Business	<u> </u>	_	Maifing Address	
21	Suite, Apt. #, etc.	26	<u>1</u> .	Suite, Apt. #, etc.	
22		27	Į,		
	City & State	1.		City & State	
23		28	1		
	ZipCo	ountry		Zip	Country
24	25	29	•		30
	9. Name and Ad	ddress of Current Reg	is	lered Agent	

FILED

99 FEB - 1 AM 10: 09

3. Date Incorporated or Qualifed

05/05/1982

DO NOT WRITE IN THIS SPACE	
	1

NAME STREET ADDRESS CITY-ST-ZP  TEMPLE TERRACE FL 33617  TITLE  ST  WILLIAMS, HELEN B.  STREET ADDRESS  GAT RIVER HILLS DR.  22 NAME  STREET ADDRESS  CITY-ST-ZP  TEMPLE TERRACE FL 33617  TEMPLE TERRACE FL 33617  TEMPLE TERRACE FL 33617  TEMPLE TERRACE FL 33617  TITLE  AS  AS  CITY-ST-ZP  TITLE  AS  ALVAREZ, OSCAR  ALVAREZ, OSCAR  ALVAREZ, OSCAR  33 NAME  STREET ADDRESS  CITY-ST-ZP  TAMPA FL  CIDELETE  AS  AS CITY-ST-ZP  TITLE  AS  AS CITY-ST-ZP  TAMPA FL  CIDELETE  AS AS CITY-ST-ZP  TITLE  ANAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP	Z. Principal P	lace of Business	2a. Mailing Address			4. FE1 Number	App	olied For		
Cry & State  S. Critical or Status Desired  Added to Fees  Thus Corporation over the current year Intengible Personal Property Tax. Intercept the Cryptory Tax.	21		<del></del>			59-2680223	Not	Applicable		
25	Suite, Apt.					5. Certificate of Status Desired [ ]	•			
2p Country	City & Stat	<del></del>				6. Election Campaign Financing	\$5.00 (	May Re		
##### 150 . Name and Address of Current Registered Agent  ##### 150 . Name and Address of Now Registered Agent  ###### 150 . Name and Address of Now Registered Agent  ###### 150 . Name and Address of Now Registered Agent  ###### 150 . Name and Address of Now Registered Agent  ###### 150 . Name and Address of Now Registered Agent  ###### 150 . Name and Address of Now Registered Agent  ###### 150 . Name and Address of Now Registered Agent  ####### 150 . Name and Address of Now Registered Agent  ###### 150 . Name and Address of Now Registered Agent  ####### 150 . Name and Address of Now Registered Agent  ###################################	3		28			1				
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WILLIAMS, J. WORTH 641 RIVER HILLS DR. TEMPLE TERRACE FL 33617  192  193  194  194  195  195  195  195  195  195	4		<del>, . L , </del>	30				NO.		
WILLIAMS, J. WORTH 641 RIVER HILLS DR. TEMPLE TERRACE FL 33617  11. Pursuant to the provisions of Sections 807,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis 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 segent, 1 am familiar with, and accept the obligations of, Section 607,0507, florida Statutes, the above-named corporation submits this statement for the purpose of changing lis 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 office or registered agent, and accept the obligations of, Section 607,0507, florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered office of the provisions of directors. I hereby accept the appointment as registered office of the provisions of section 607,0507, florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered office or registered agent, and accept the obligations of, Section 607,0507, florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered office of the provisions of sections of the provisions of sections and the		9. Name and Address of Current	Registered Agent		in all	10. Name and Address of New Registered	J Agent			
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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	14. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exemp	tion stated in S	ection 119.07(3)(i), Florida Statutes. I further ce	rtify that the inf	ormation		