SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 25 AM 8:05

DOCUMENT # **F94000000555 (2)**

1. Corporation Name

THORO WORLDWIDE, INC.

Principal Place of Business	Mailing Address
% D. GEORGE HARRIS & ASSOCIATES, INC. 399 PARK AVE., 32ND FLOOR NEW YORK NY 10022	% D. GEORGE HARRIS & ASSOCIATES, INC. 399 PARK AVE., 32ND FLOOR NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8570 Phillips Hwy. Suite, Apt. #, etc. 22 Suite 101 City & State 23 Jacksonville, FL Zip 24 32256-8208 Country 25	2a. Mailing Address 26 8570Phillips Hwy. Suite, Apt. #, etc. 27 Suite 101 City & State 28 Jacksonville, FL Zip 29 32256-8208 Country 30

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:

4. FEI Number: 13-3750192 ☐ 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 [illegible] for intangible tax under s. 199.032, Florida Statutes* ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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
Signature, Typed or Printed Name of Registered Agent and Title, if applicable (DATE: Registered Agent's signature required when qualifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Chairman & CEO	11 TITLE	President & COO	☐ Change XX Addition
NAME	HARRIS, D. GEORGE	12 NAME	ARTHUR C. WOTIZ	
STREET ADDRESS	399 PARK AVE.	13 STREET ADDRESS	8570 PHILLIPS HWY., SUITE 101	
CITY ST ZIP	NEW YORK NY 10022	14 CITY ST ZIP	JACKSONVILLE, FL 32256-8208	
TITLE	VP Asst. Sec. & Asst Treasurer	21 TITLE	VP & CFO	☐ Change XX Addition
NAME	DONAHUE, RICHARD J	22 NAME	Emanuel J. Di Teresi	
STREET ADDRESS	399 PARK AVE.	23 STREET ADDRESS	399 PARK AVENUE	
CITY ST ZIP	NEW YORK NY 10022	24 CITY ST ZIP	NEW YORK, NY 10022	
TITLE	VP General Counsel & Sec.	31 TITLE	VP & Controller	☐ Change XX Addition
NAME	KILPATRICK, DONALD G	32 NAME	ROBERT M. LESTER	
STREET ADDRESS	399 PARK AVE.	33 STREET ADDRESS	8570 PHILLIPS HWY., SUITE 101	
CITY ST ZIP	NEW YORK NY 10022	34 CITY ST ZIP	JACKSONVILLE, FL 32256-8208	
TITLE	VP & Treasurer	41 TITLE		☐ Change ☐ Addition
NAME	NICK, RICHARD J	42 NAME		
STREET ADDRESS	399 PARK AVE.	43 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10022	44 CITY ST ZIP		
TITLE	Vice Chairman	51 TITLE		☐ Change ☐ Addition
NAME	PETROCELLI, ANTHONY J	52 NAME		
STREET ADDRESS	399 PARK AVE.	53 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10022	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E094 (3/95)

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: R.M. LESTER (904) 376-8246
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

U121067 FP