Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90175 018 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F97000005616**1. Corporation Name

CARTHY COMPANY, INC.

Principal Place of Business Mailing Address					[(SELISE IND 1211 1221 2211 2211 2211		
5367 N AIRPOIR	rt RD	530 CASSELL LN	isell un				
NAPLES FL 34010 ROANOKE VA 24014				شعم عيدي	DO NOT WRITE IN TH	ds-space	
US					3. Date Incorporated or Qualifed	10 01 702	
					10/24/1997		
-		20 14 10 10 10 10 10 10 10 10 10 10 10 10 10			4. FEI Number	Ι.Δ	pplied For
2. Principal PI	ace of Business	2a. Mailing Address	Mailing Address			<u> </u>	ot Applicable
21		26			54-1865194		Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	+	equired	
22		27 Ott 9 Pt-t-					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
23		Zip Country		 		10 7 003	
Zip	Country	Zip	, ·		This corporation owes the current year Personal Property Tax.	Yes	No
24	25	29 30	⊥_—		10. Name and Address of New Register		34
	9. Name and Address of Curren	t Registered Agent	81	Name	To Italia and Addices of Italia tegister.	ou rigoin.	
WORTHY III, HOWARD G				''			
	7TH AVE N.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	LES FL 34102		83				
(APAF (E5 1C 54102		43				
			84	City		85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				FL 03 PP 5555			intored
agent. I a	m familiar with, and accept the obliga Signature, typed or printed name of registered ages	tions of, Section 607.0505, Florida It and title if applicable. (NOTE: Re	Statutes	i.	on's board of directors. I hereby accept the ap		
12.		O ANO SINCO ONO		1	ADDITIONS/CHANGES TO OFFICE NO	Change	
TITLE	PTD	☐ DELETE 1.1 π				- Onongo	
NAME	WORTHY, CLARK H		1.2 NAME				
STREET ADDRESS	530 CASSELL LN	+	1.3 STREE	TADDRESS			ļ
CITY-ST-ZIP	ROANOKE VA			T-ZIP	_	☐ Change	Addition
TITLE	8	☐ DELETE 2.1 T				□ cuange	Addition
NAME	Worth, Own o		2.2 NAME				
STREET ADDRESS	OU CHOCKE II		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	NOTATORIE TIT		2.4 CITY-5	ST-ZIP			☐ Addition
TITLE	V .	☐ DELETE	3.1 TITLE			Change	Addition
NAME	WORTHY III, HOWARD G	RTHY III, HOWARD G					
STREET ADORESS	241 7TH AVE N 3.3 S		3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE	V	DELETE 4.11				☐ Change	Addition
NAME	WORTHY, MICHELE P		4. 2 NAME				\
STREET ADDRESS	241 7TH AVE N		4.3 STREE	TADDRESS			ļ
CITY-ST-ZIP	NAPLES FL 34102			ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	. 52		5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			ļ
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP	<u>_</u>		
mle	DELETE 6.		6.1 TITLE			☐ Change	Addition
NAME	6.2		6.2 NAME				

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RECLARK H. WORTHY, PLES

540-987-3666