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PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

DOCUMENT # H77577



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris 1999

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90201 013 ***150.00



WORTHY ASSOCIATES, INC. Mailing Address Principal Place of Business 241 7TH AVE N 241 7TH AVE., N. NAPLES FL 34102 NAPLES FL 34102 DO NOT WRITE IN THIS SPACE US 3. Date incorporated or Qualifed 09/23/1985 2. Principal Place of Business 19136 Acopy 2a. Mailing Address 4. FEI Number Applied For 59-2596016 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes the current year Intangible Country Personal Property Tax. US 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WORTHY, HOWARD G., III Street Address (P.O. Box Number is Not Acceptable) 241 7TH AVE N NAPLES FL 34102 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition □ DELETE 1.1 TITLE TITLE WORTHY, HOWARD G., III 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 241 7TH AVE N NAPLES FL 34102 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE TITLE 2.1 TITLE WORTHY, CLARK H. 2.2 NAME NAME 530 CASSELL LANE 2.3 STREET ADDRESS STREET ADDRESS **ROANOKE VA 24014** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 changen, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98