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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J49683 (2)

1. Corporation Name  
FLORIDA TRAINING CENTER, INC.

Principal Place of Business

4200 S US HWY 17-82  
P.O. BOX 180127  
CASSELBERRY FL 32718-127  
US

Mailing Address

4200 S US HWY 17-82  
P.O. BOX 180127  
CASSELBERRY FL 32718-0127  
US

2. Principal Place of Business

21 310 Melody Lane  
Suite, Apt. #, etc.

22 P.O. BOX 180127

City & State

23 Casselberry, FL

Zip

24 32707

Country

25 USA

2a. Mailing Address

26 P.O. BOX 180127  
Suite, Apt. #, etc.

27

City & State

28 Casselberry, FL

Zip

29 32707

Country

30 USA

9. Name and Address of Current Registered Agent

WORSWICK, RONALD J.  
4200 SOUTH US HWY 17-82  
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

01/01/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2754874

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

10. Name and Address of New Registered Agent

81 Name

Ronald J. Worswick

82 Street Address (P.O. Box Number is Not Acceptable)

310 Melody Lane

83

84 City

Casselberry

FL

85

32707

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

*Ronald J. Worswick*  
Signature typed or printed name of registered agent and title if applicable

Ronald J. Worswick, President 4/28/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME WORSWICK, RONALD J.  
STREET ADDRESS 1212 N. PARK AVENUE  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

V  
NAME WORSWICK, DOUGLAS J.  
STREET ADDRESS 1625 GOLFSIDE DRIVE  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

STD  
NAME WALL, SHIRLEY E.  
STREET ADDRESS 28402 TAMMI DR  
CITY-ST-ZIP TAVARES FL

TITLE ☐ DELETE

D  
NAME WORSWICK, DOLORES M.  
STREET ADDRESS 1212 N. PARK AVENUE  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*Shirley E. Wall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley E. Wall, Secretary

4/28/97

Date

Daytime Phone

CR2E034 (9/96)