

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90028 023 \*\*\*150.00

**DOCUMENT # J49683** (2) *OK*

1. Corporation Name

FLORIDA TRAINING CENTER, INC.

Principal Place of Business

310 MELODY LANE  
P.O. BOX 180127  
CASSELBERRY, FL 32707  
US

Mailing Address

P.O. BOX 180127  
CASSELBERRY, FL 32718  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1987

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

RONALD J. WORSWICK  
310 MELODY LANE  
CASSELBERRY, FL 32707

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WORSWICK, RONALD J.	
STREET ADDRESS	1212 N. PARK AVENUE	
CITY-ST-ZIP	WINTER PARK, FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WORSWICK, DOUGLAS J.	
STREET ADDRESS	1625 GOLFSIDE DRIVE	
CITY-ST-ZIP	WINTER PARK, FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WALL, SHIRLEY E.	
STREET ADDRESS	28402 TAMMI DRIVE	
CITY-ST-ZIP	TAVARES, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WORSWICK, DELORES M.	
STREET ADDRESS	1212 N. PARK AVENUE	
CITY-ST-ZIP	WINTER PARK, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DURBIN, CONNIE B.	
1.3 STREET ADDRESS	1025 PINE SHADOW DRIVE	
1.4 CITY-ST-ZIP	APOPKA, FL 32712	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: Connie B. Durbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(407) 331-6677

Daytime Phone #

CR2E034 (11/98)