## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



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

1996

K49154

(3)

DOCUMENT #
1. Corporation Name

WORTHINGTON DEVELOPMENTS, INC.

- 1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>		

Principal Place of	of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
13550 WORTHINGTON WAY 13550 WORTHINGTON WAY									
BONITA SPRIM	NGS FL 33923	BONITA SPRINGS FL 339	923						
					3. Date Incorporated or Qualified 12/02/1988	3a. Date of Last Report 02/16/1995	t		
2. Principal Plac	ce of Business	2a. Mailing Address .	. ^	4	4. FEI Number	Appli	ed For		
21		26 17380 Wul	en Ko	d	65-0085571	Not A	Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add			
22]		27			a First Orange First	Fee Hequ			
City & State		28 Ft. Myas	FL		Election Campaign Financing     Trust Fund Contribution	S5.00 Ma			
Zip			Country		This corporation has liability for intangible tax under s 199.032,				
24	25	29 33908 30			Florida Statutes 📓 Yes 🗌 No				
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent			
			81	Name					
BRUGGER, JOHN N.			82	Street /	et Address (P.O. Box Number is Not Acceptable)				
	AVE. SOUTH								
SUITE 21			83						
NAPLES	FL 33940		84	City		85 Zip Co	de		
						FL   V			
<ol><li>Pursuant to or registere</li></ol>	o the provisions of Sections 607,0502 ed agent, or both, in the State of Florid	i and 607.1508, Florida Statutes da. Such change was authorized	i, the above i d by the corp	named co oration's	propration submits this statement for the purp board of directors. I hereby accept the appo	ose of changing its regist intment as registered age	terea опке int. I am		
familiar with	h, and accept the obligations of, Secti	ion 607.0505, Florida Statutes.							
SIGNATURE: _		9.07	- 6		equired when reinstating)	DATE			
12.	Signature typed or printed hame of registered agent OFFICERS ANI		13.	it signature is	ADDITIONS/CHANGES TO OFFI		N 12		
TITLE	DVS	☐ DELETE	1. 1 THTLE				] Addition		
NAME	HARDY, PAUL	<u></u>	1.2 NAME		•				
STHEET ADDRESS	13501 BONITA BCH RD		1.3 STREET	ADDRESS	10100 VALEWOOD ROAD	,			
CITY - ST - ZIP	BONITA SPRINGS FL		1.4 C/TY-S	ST - ZiP	NAPLES, FL 33999				
TITLE	DV	DELETE	2 1 TITLE			Change 🗌	] Addition		
NAME	LIEBERT, GLENN		22 NAME						
STREET ADDRESS	13501 BONITA BCH RD		23 STREET	ADDRESS	17380 WINKLER ROAD				
CITY - ST - ZIP	BONITA SPRINGS FL		2.4 CITY - 5	ST - ZIP	FT. Myers, FL 33908				
TITLE	D LICOCOT IACK W	☐ DELETE	3 1 TITLE		•	Change 🗌	] Addition		
NAME	LIEBERT, JACK W. 13501 BONITA BCH RD		3 2 NAME		17380 WINKLER ROAD				
STREET ADDRESS	BONITA SPRINGS FL		-						
CITY-ST-ZIP	PD	T DELETE	34 CITY - S	ST-ZIP	FT. Myers, FL 33908	Change	1 Addition		
TITLE	DARRAGH, JEFF	LJ DELLETE	4 1 TITLE 4.2 NAME		_	ES change	1 100000		
NAME CLOSEL ADDRESS	13501 BONITA BCH RD		l l	ADDRESS	17380 WINKLER ROAD				
STREET ADDRESS	BONITA SPRINGS FL		4.4 CITY - !		FT. MYERS FL 33908				
CITY-ST-ZiP TITLE	DVT	DELETE	5 1 TITLE	51-20		Change	Addition		
NAME	WILSON, LARRY	<u></u>	5.2 NAME			<b></b>			
STREET ADDRESS	13501 BONITA BCH RD		5.3 STREET	ADDRESS	17380 WINKLER ROAD				
CITY-ST-ZIP	BONITA SPRINGS FL		5.4 CITY-1		FT. MYERS FL 33908	3			
TIFLE		☐ DELETE	6 1 TITLE			☐ Change ☐	Addition		
NAME			6.2 NAME						
STHEET ADDRESS			6 3 STREE	ADDRES\$					
CITY+S1-ZIP			64 CITY-	ST - ZIP					
14. I do hereby certify that	y certify that the information supplied the information indicated out it amounts in the information indicated out it is a more	with this filing is voluntarily furnisual/report or supplemental annual	shed and doe al report is tr	es not qua ue and ac	alify for the exemption stated in Section 119 courate and that my signature shall have the le this report as required by Chapter 607, Fix	০/(૩)(k), Florida Statutes. I same legal effect as if mar	i further de under		
oath; that	am an officer or director of the corp	ration or the receiver or trusted on an attachment with an addres	empowered	to execu	te this report as required by Chapter 607, Flo	orida Statutes; and that my	y name		
appears in	i Block 12 or Block 13 l(ch/ng/J, o/)	STERROLLOGIC WILL OUT ALL ACOTE							

NED NAME OF SIGNING OFFICER OF DIRECTOR