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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K56064

(4)

WHORTON MANAGEMENT CONSULTANTS, INC.

Principal Plac		Mailing Address S215 RIVER PARK VILLAS DRIVE				
5215 RIVER PARK VILLAS DRIVE ORANGEDALE FL 32092		ORANGEDALE FL 32092-1441				
					3. Date Incorporated or Qualified 12/27/1988	3a. Date of Last Report 05/01/1996
2. Principal P	2a. Mailing Address		A # ar	4. FEI Number	Applied For	
21 Sulta Ant	# oto	26 Suite Ant 4 of			59-2915167	Not Applicable
Sulte, Apt #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip 24			Count	ry	This corporation has liability for Compared C	intangible tax under s. 199.032, Yes No
241	9. Name and Address of Curren		30		Florida Statutes 10. Name and Address of New Re	
GLA	ZIER, SCOTT L.		8	1 Name		
50 NORTH LAURA STREET			8	2 Street A	Address (P.O. Box Number is Not Acceptat	ole)
SUITE 3100			8	2		
JACI	KSONVILLE FL 32202		ľ	3		
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ve-named	corporation submits this statement for the poration's board of directors. I hereby accept	
agent. I a	egistered agent, or boin, in the State m familiar with, and accopt the obliga	of Florida, Such change was ations of, Section 607.0505, Fl	authorized Iorida Statut	by the corp es.	oration's board of directors. Thereby accept	pt the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered age OFFICERS AND		IF: Registered A	gent signature	required when reinsisting) ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECTORS IN 12
TITLE	CPT	DILETE	1.1 TITLE		3,307,701,710,2010	Change Addition
NAME	WHORTON, JAMES H.		1.2 NAM	E		
STREET ADDRESS	5215 RIVER PARK VILLAS		1.3 STRE	F1 ADDRESS		
CITY-ST-ZIP TITLE			1.4 CITY			DAME.
NAME	010		2.1 TITUE 2.2 NAM			Change Addition
STREET ADDRESS	5215 RIVER PARK VILLAS			F1 ADDRESS		
CITY-ST-ZIP	ORANGEDALE FL		2. 4 CITY			
TITLE		DELETE	3.1 1/10			Change Addition
NAME			3 2 NAM	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C(T) 4.1 TH LE			Change Addition
NAME			4. 2 NAM			Li Vitange Li Poblifori
STREET ADDRESS			4.3 S1RE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- \$1 - 7IP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME OVOICE ADDRESS			5.2 NAM	1		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS		
TITLE		DELETE	5 4 CDY 6 1 THU			Change Addition
NAME			6.2 NAM			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			E A CITY	¢1 7ID		

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

FILED

Apr 30 1997 8:00am

Secretary of State