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

CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

ANNUAL REPORT				Secretary of State DIVISION OF CORPORATIONS			ONS		Secretary of State
Ę	OCUI	MENT n Name		(6)					
WORRELL BUILDING CORP.									
Principal Place of Business *** JOHN WORRELL 3341 SE LATER 6T STUART FL 34997 US 2. Principal Place of Busine 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 9. Name WORRELL, JO 3341 SE SLAT STUART FL 34 11. Pursuant to the provisi office of registered ag agent. I am familiar wit SIGNATURE Signature, typed.		rrell Er st	Mailing Address * JOHN WORRELL 3341 SE SLATER ST STUART FL 34997 US				DO NOT WRITE IN THIS SPACE		
u s US								1	3. Date incorporated or Qualified 01/29/1990
	Principal Place of Business			2a. Mailing Address 26					4. FEI Number Applied For 65-0175958 Not Applied ber
Ĺ,	Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate of Status Desired Section
	City & State	e		City & State					6. Election Campaign Financing \$5.00 May Be
23	-			28					Trust Fund Contribution Added to Fees
24	ZIP		Country 15	Z ₁ p	30 Cou	Intry			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
		9, Name s	and Address of Current						10. Name and Address of New Registered Agent
						B1	Name		
3341 SE SLATER ST						82	Street A	ddres	ss (P.O. Box Number is Not Acceptable)
	STUART PL 34997					83			
							-		
						84	City		FL 85 Zip Code
11	office or re	egistered ago	nt, or both, in the State of	and 607.1508, Florida Statut Florida. Such change was ons of, Section 607.0505, Fl	authorize	d by	the corpo	orpor oration	ration submits this statement for the purpose of changing its registered in s board of directors. I hereby accept the appointment as registered
Si	GNATURE								
12		Signature, typed o	OFFICERS AND		t: Registere	Age	nt signature n	equired :	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT		D		DELETE	1.1 TO	TLE			Change Addition
NAI	AME WORRELL, JOHN TREET ADDRESS 3341 SLATER ST				1.2 N	1,2 NAME			
[Principal Place of Bus Principal Place of Bus Suite, Apt. #, etc. City & State Zip 9. Nam WORRELL, J 3341 SE SU STUART FL I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar to generate type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Pursuant to the provoffice or registered a agent. I am familiar type I. Purs						address		•
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							T-ZIP		
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					3.2 N	ME			
•	J						address		
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					4.2 N				
	1				- 6		ADDRESS		
CITY-ST-ZIP			·	4.4 CITY - ST - ZIP					
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					5.2 NA				
	i						ADDRESS		
_				☐ DELETE	5.4 CI 6.1 TII		-ZIP		Change Addition
					6.2 NA				E Criatige L Auditori
							ADDRESS		

14. Thereby 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 in address.

SIGNATURE:

FILED

Mar 26 1998 8:00am