

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L89333

(3)

1. Corporation Name

KORI ANN WORDEN, P.A.



Principal Place of Business

32803 FOREST AVE
LEESBURG FL 34788
US

Mailing Address

32803 FOREST AVE
LEESBURG FL 34788
US

2. Principal Place of Business

21 8907 US Hwy 441

Suite, Apt., etc.

22 Suite 1

City & State

23 Leesburg, FL

Zip

24 34788

Country

25 USA

2a. Mailing Address

26

State, Apt., etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WORDEN, KORI
32803 FOREST AVE
LEESBURG FL 34788

81 Name

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

83

84 City

FL

85 Zip Code

3. (Date Incorporated or Created)

07/23/1990

3a. Date of Last Report

02/06/1995

4. FET Number

59-3018581

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

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(8), Florida Statutes, the above named corporation, for the purpose of changing its registered officer or registered agent, or both in the State of Florida, such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Date

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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STREET ADDRESS

CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kori Worden PA

1/22/96

904-728-2880

CR2E034 (12/95)