## 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 # P30423

(8)

R. BRUCE WORLEY, INC.

**FILED** Jan 29 1997 8:00am Secretary of State

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Principal Place of Business		Mailing Address				
PO BOX 161506 MOBILE AL 36616-2506 US		PO BOX 161506 MOBILE AL 36616-2506 US				
					3. Date Incorporated or Qualified	3a. Date of Last Report
					07/31/1990	04/17/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26			63-1025667	Not Applicable
Suite, Apt. #, etc.		Sutc. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	7 <sub>IP</sub>	Country 30		8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes X No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
POWELL, ANNA L.			81	Name		
	8 N DAVIS HWY, STE 1 ISACOLA FL 32514		82	Street Address (P.O. Box Number is Not Acceptable)		
			83		77777	
			84	Cily		85 Zip Code

11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 heroby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. SIGNATURE Signature, typicd or printed name of regulared agent and fillent apple, and (NOTE Registered Agent's grature required wher reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELLITE Change 1.1 11111 Addition WORLEY, R. BRUCE NAME 1.2 NAME 1135 HENRY CLAY AVE. STREET ADDRESS 1.3 STREET ADDRESS **NEW ORLEANS LA 70118** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change 2.1 TITLE Addition WEBER, JAY W. NAME **6416 TOKENEAK TRAIL** STREET ADDRESS 2.3 STREET ADDRESS MOBILE AL 36695 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 UT; E Change Addition LORD, L. ELLIS NAME 3.2 NAME 501 CHURCH AVE. STREET ADORESS 3.3 STREET ADDRESS DAPHNE AL 36526 CITY-ST-ZIP 3.4. C(TY-ST-Z)P DELETE TITLE 4.1 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP TITLE DELETE 5.1 TiTLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CH1Y - ST- ZIP DELETE TITLE 6 1 TITLE Addition NAME 6.2 NAME STREET ADDRESS

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 armual 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 trusted 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 attainment with a addition.

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

CITY-ST-ZIP