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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30423

R. BRUCE WORLEY, INC.

Principal Place	of Business	Mailing Address	Mailing Address						
PO BOX 161506	•	PO BOX 161506							
MOBILE AL 36616-2506 US		MOBILE AL 36616-2506				DO NOT WRITE IN THIS SPACE			
		US	US			Date Incorporated or Qualifed			
						07/31/1990			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	oplied For	
21		26				63-1025667	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional	
22		27				5. Certificate of Status Desired	_ Fee Re	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution	Added	to Fees		
Zip Country		Zip Country				8. This corporation owes the current year in			
24	25 29 30		30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	t Registered Agent		n a 1	A1	10. Name and Address of New Registered	Agent		
B4513	MAL LACKIE D		1	B1	Name				
	/IN, JACKIE P. E 1, 8826 N, DAVIS HWY.		1	B2	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	•			00					
SUITE 1 PENSACOLA FL 32514				В3	i				
FEIN	DACOLA I E 32314		ļ.	84	City	FI	85 Zip	Code	
11	to the exercisions of Sections 607 0500	2 and 607 1508 Florida Statutes	the ab	01/0	-named corp	poration submits this statement for the numose 0	f changing its	registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	(nonzea i	ו עם	the corporation	on's board of directors. I hereby accept the appo	intment as re	gistered	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE			Registered Agent signature requi		t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12	
12.	OFFICERS AN	BINEOTONO				ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	PD	☐ DELETE					onungo		
NAME	WORLEY, R. BRUCE				_ j			1	
STREET ADDRESS	1		1.3 STREET ADDRESS		ļ				
CITY-ST-ZIP	NEW ORLEANS LA 70118	[] pri CTC	1.4 CITY		-ZIP		[] Change	Addition	
TITLE	S	☐ DELETE	2.1 TITLE		ļ		Contange		
NAME	WEBER, JAY W.		2.2 NAME		ŀ				
STREET ADDRESS	6416 TOKÉNÉAK TRAIL		2.3 STR	3 STREET ADDRESS					
CITY-ST-ZIP	MOBILE AL 36695		2.4 CIT	•	T- ZIP		☐ Change	Addition	
TITLE	Ţ	DELETE 3.11					. U Change		
NAME	OTIO, E. EELIO		3.2 NAN						
STREET ADDRESS	**		3.3 STREET ADDRESS		ADDRESS			-	
CITY-ST-ZIP	3) 4 () () () () () () () () ()		3.4. CIT		T-ZIP			- Addision	
TITLE		☐ DELETE	:				Change	☐ Addition	
NAME			4, 2 NA	ME	-				
STREET ADDRESS			4 3 STR	REET	ADDRESS			ì	
CITY-ST-ZIP			_	4.4 CITY-ST-ZIP				- Addison	
TITLE				il TITLE			Change	☐ Addition	
NAME			5.2 NAM						
STREET ADDRESS			I.		ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		i-ZIP		Charte	□ Additi-n	
TITLE		☐ DELETE	6.1 TITL				Change	☐ Addition	
NAME			6.2 NA						
CTOPPE ADDDESC			6.3 STF	REET	raddress				

14. I 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90103 037 ***158.75