2000 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P94000028799** WORTHINGTON CONSTRUCTION CO., INC. 01-18-2000 90023 018 ***150.00 Mailing Address Principal Place of Business 5050 NW 110TH AVE 5050 NW 110TH AVE OCALA FL 34482 OCALA FL 34482-1876 A0004533 us 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0487129 Not Applied to Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ≈Name[≽]≈ WORTHINGTON, LINDA L Street Address (P.O. Box Number is Not Acceptable) 5050 NW 110TH AVE OCALA FL 34482 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VTS ☐ Chance ☐ Delete TITLE TITLE WORTHINGTON, LINDA L NAME NAME STREET ADDRESS STREET ADDRESS 5050 NW 10TH AVE CITY-ST-ZIP CITY-ST-ZIF OCALA FL 34482 T * * * * * [7] Change TITLE ☐ Delete TITLE WORTHINGTON, FRED G. NAME NAME STREET ADDRESS 5050 NW 110TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34482 Change TITLE Delete ... TITLE WORTHINGTON, THOMAS E. NAME NAME 5983 W. BAY VISTA DR. STREET ADDRESS 5050 NW 110th Ave. STREET ADDRESS CITY-ST-7IP Ocala, FL CITY-ST-7IP PENSACOLA FL 32507 _ * 1.2% [] Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ · · · · · ☐ Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Linda L. Worthington, VTS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/6/00

<u>352/629-9441</u>

FILED

Daytime Phone #