2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State DOCUMENT # P94000028799 1. Entity Name 02-05-2002 90028 018 ***150.00 WORTHINGTON CONSTRUCTION CO., INC. Mailing Address Principal Place of Business 5050 NW 110TH AVE 5050 NW 110TH AVE OCALA FL 34482 OCALA FL 34482 US US Principal Place of Business 606 NW 10TH 3. Mailing Address NW 10TH ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-0487129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П RION 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WORTHINGTON, LINDA L Street Address (P.O. Box Number is Not Acceptable) 5050 NW 110TH AVE **OCALA FL 34482** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible-Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. ☐ Addition Change TITI F VTS ☐ Delete TITLE NAME NAME WORTHINGTON, LINDA L STREET ADDRESS 5050 NW 10TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34482 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME WORTHINGTON, FRED G. NAME STREET ADDRESS STREET ADDRESS 5050 NW 110TH AVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34482 ☐ Change ☐ Addition . Delete TITLE TITLE NAME WORTHINGTON, THOMAS E. NAME STREET ADDRESS STREET ADDRESS 3990 SE 22ND AVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME 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 in

changed, or on an attachi

SIGNATURE:

FILED