

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

**APPROVED
AND
FILED**

95 APR 20 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000060125 (9)**

1. Corporation Name
WORLD CLASS MEETING PLANNING, INC.

Principal Place of Business: **6833 CINDERELLA RD JACKSONVILLE FL 32210-4913**

Mailing Address: **P O BOX 382023 JACKSONVILLE FL 32238-0023**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 6855 Wilson Blvd.		26 P.O. Box 7040		59-3271592		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 Suite 11.		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199, U.S.C., Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Jacksonville FL		28 Jacksonville FL					
24 32210	25 USA	29 FL	30 USA				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CALLAHAN, WANDA L 6833 CINDERELLA RD JACKSONVILLE FL 32210-4913				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				6855 Wilson Blvd.			
				84 City			
				Jacksonville FL			
				85 Zip Code			
				32210			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, WANDA L	1.2 NAME	
STREET ADDRESS	6833 CINDERELLA RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32210	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, CRYSTAL D	2.2 NAME	
STREET ADDRESS	4406 S LANE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32210	2.4 CITY - ST - ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWATERS, SHANNON	3.2 NAME	
STREET ADDRESS	6833 CINDERELLA RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32210-4913	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jeanne A. Torbett
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: **WANDA L. CALLAHAN** *Wanda L. Callahan* **3-14-95** **904-779-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)