

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000060125 (9)

1. Corporation Name

WORLD CLASS MEETING PLANNING, INC.



Principal Place of Business

6855 WILSON BLVD
SUITE 11
JACKSONVILLE FL 32210
US

Mailing Address

P O BOX 7040
JACKSONVILLE FL 32210
US

3. Date Incorporated or Qualified
08/16/1994

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

32238

30

4. FEI Number
59-3271592

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CALLAHAN, WANDA L
6855 WILSON BLVD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of signing officer or director

(If 11. Registered Agent, sign and print name of the State)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CALLAHAN, WANDA L	
STREET ADDRESS	6833 CINDERELLA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DV	☐ DELETE
NAME	MORRIS, CRYSTAL D	
STREET ADDRESS	4406 S LANE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DST	☐ DELETE
NAME	MCWATERS, SHANNON	
STREET ADDRESS	6833 CINDERELLA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210-4913	
TITLE	D	☐ DELETE
NAME	TORBETT, JEANNE A	
STREET ADDRESS	6855 WILSON BLVD	
CITY-ST-ZIP	JACKSONVILLE F	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DS ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DT ☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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 in an attachment with an address.

SIGNATURE:

Wanda L. Callahan (WANDA L. CALLAHAN) 5/1/96 (904) 779-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)