

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Moxham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY 16 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091132 (8)

1. Corporation Name:

WORLD WIDE MARKETING OF NEVADA, INC.

Principal Place of Business:

**271 HUNTERS POINT TRAIL
LONGWOOD FL 32779**

Mailing Address:

**271 HUNTERS POINT TRAIL
LONGWOOD FL 32779**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **12/16/1994** 3a. Date of Last Report:

2. Principal Place of Business:

21 State: **Ap** **22** City & State:

2a. Mailing Address:

26 State: **Ap** **27** City & State:

4. FIC Number: **59-3304856** Applicant For: **Not Applicable**

5. Certificate of Status Desired: **X** **\$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. 199.13) Florida Statutes: ☐ Yes ☒ No

24. **25** **29** **30**

9. Name and Address of Current Registered Agent:

**JOLIN, DEBRA L.
12415 BRUCE HUNT RD.
CLERMONT FL 34711**

10. Name and Address of New Registered Agent:

81. Name: **FL** 85. City & State:

11. I, the undersigned, being a duly qualified agent under the Florida Statutes, the above named corporation, hereby certify for the purposes of Chapter 199, Florida Statutes, that the information furnished on this annual report is true and correct and that the corporation is in compliance with the provisions of Chapter 199, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 199, Florida Statutes.

SIGNATURE:

(Signature of Officer or Director)

(Signature of Agent)

12.

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If Any):

12a. NAME	D	13a. NAME	☐ Change ☐ Addition
12b. STREET ADDRESS	MCELROY, JACK E	13b. STREET ADDRESS	
12c. CITY & STATE	271 HUNTERS POINT TRAIL	13c. CITY & STATE	☐ Change ☒ Addition
12d. NAME	LONGWOOD FL 32779	13d. NAME	D
12e. STREET ADDRESS		13e. STREET ADDRESS	JOHN A. KIMBER
12f. CITY & STATE		13f. CITY & STATE	11 COUNTRY CLUB MALL
12g. NAME		13g. NAME	INCLINE VILLAGE, NV 89451
12h. STREET ADDRESS		13h. STREET ADDRESS	
12i. CITY & STATE		13i. CITY & STATE	☐ Change ☐ Addition
12j. NAME		13j. NAME	
12k. STREET ADDRESS		13k. STREET ADDRESS	
12l. CITY & STATE		13l. CITY & STATE	☐ Change ☐ Addition
12m. NAME		13m. NAME	
12n. STREET ADDRESS		13n. STREET ADDRESS	
12o. CITY & STATE		13o. CITY & STATE	☐ Change ☐ Addition
12p. NAME		13p. NAME	
12q. STREET ADDRESS		13q. STREET ADDRESS	
12r. CITY & STATE		13r. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.13(9)(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. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Jack E. McElroy

Jack E. McElroy

5-12-95

407-774-8325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Number