## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000007522 (2) DOCUMENT #

VAN WORMER MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

## **FILED** Jan 28 1998 8:00am Secretary of State



1271 REGENCY PLACE 1271 REGENCY PLACE HEATHROW FL 32746 HEATHROW FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1995 2. Principal Place of Business 2a. Mailing Address FE! Number Applied For 21 26 59-3289244 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 ☐ No 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VAN WORMER, NORMAN N 1271 REGENCY PLACE Street Address (P.O. Box Number is Not Acceptable) **HEATHROW FL 32746** 83 City 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 registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1.1 TITLE Change VAN WORMER, NORMAN N NAME 1.2 NAME 1271 REGENCY PLACE STREET ADDRESS 1.3 STREET ADDRESS **HEATHROW FL 32746** 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition VAN WORMER, KATHRYN J NAME 2.2 NAME 1271 REGENCY PLACE STREET ADDRESS 2.3 STREET ADDRESS **HEATHROW FL 32746** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CiTY-ST-ZiP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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:

1-21-98

CR2E034