

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032569 (2)

1. Corporation Name

WHORTON PROPERTIES, INC.



Principal Place of Business

549 N. CARROLL ROAD
LAKELAND FL 33801

Mailing Address

549 N. CARROLL ROAD
LAKELAND FL 33801

3. Date Incorporated or Qualified
04/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUART, JANET M
ONE LAKE MORTON DRIVE
LAKELAND FL 33801

81 Name

Harold J. Whorton

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

83

5000 CLIFFSIDE

DR.

84 City

LAKELAND

FL

85

Zip Code
33813

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

Harold J. Whorton Sec Treas.

4-20-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> DELETE
NAME	D WHORTON, CECIL E	
STREET ADDRESS	549 N. CARROLL ROAD	
CITY-STATE-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHORTON, HAROLD J	
STREET ADDRESS	5000 CLIFFSIDE DRIVE	
CITY-STATE-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	CECIL WHORTON	
3. STREET ADDRESS	549 N. CARROLL ROAD	
4. CITY-STATE-ZIP	LAKELAND, FL. 33801	
2. 1. TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	HAROLD J. WHORTON	
2. 3. STREET ADDRESS	5000 CLIFFSIDE DR.	
2. 4. CITY-STATE-ZIP	LAKELAND, FL. 33813	
3. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2. NAME		
3. 3. STREET ADDRESS		
3. 4. CITY-STATE-ZIP		
4. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2. NAME		
4. 3. STREET ADDRESS		
4. 4. CITY-STATE-ZIP		
5. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2. NAME		
5. 3. STREET ADDRESS		
5. 4. CITY-STATE-ZIP		
6. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. NAME		
6. 3. STREET ADDRESS		
6. 4. CITY-STATE-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)(k), 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: HAROLD J. WHORTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold J. Whorton 4-20-96 941-646-8785

CR2E034 (12/95)