

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000073388 (6)**

1. Corporation Name
WORM WORLD, INC.

Principal Place of Business
**7070 NW 23 WAY
GAINESVILLE FL 32653**

Mailing Address
**7070 NW 23 WAY
GAINESVILLE FL 32653**

FILED
Aug 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number

59-3515546

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 **12425 NW CR 231**

Suite, Apt. #, etc.

22

2a. Mailing Address

26 **12425 NW CR 231**

Suite, Apt. #, etc.

27

City & State

23 **GAINESVILLE, FL. ~~32653~~**

Zip

24 **32609**

Country

25 **USA**

City & State

28 **GAINESVILLE**

Zip

29 **FL.**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SALLEY, BRENT C
7070 NW 23 WAY
GAINESVILLE FL 32653**

10. Name and Address of New Registered Agent

81 Name

HARRY WINDLE

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

12425 NW CR 231

83

84 City

GAINESVILLE

FL

85 Zip Code

32609

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

Harry Windle

HARRY WINDLE

07/29/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WINDLE, HARRY N**
STREET ADDRESS **7070 NW 23 WAY**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **D** ☐ DELETE

NAME **SALLEY, BRENT C**
STREET ADDRESS **7070 NW 23 WAY**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ 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 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 my address.

SIGNATURE

Brent Salley

07/29/98 (352) 485-1235

CR2E034 (5/98)