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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000084426

1. Corporation Name

WORLD CLASS PRODUCTS, INC.

Mailing Address

1851 WESTMINSTER CT. LAKELAND FL 33809

1851 WESTMINSTER CT. LAKELAND FL 33809

## **FILED** Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90009 038 \*\*\*550.00



2. Principal Place of Business 2. Melling Address 3. Suite, Apt. 8, etc. 3. Suite, Apt. 8,			_,,,					DO NOT WRITE IN THIS SPACE		
2. Mailing Address   2. Mailing Address   3. Mailing Address   4. FEI Number   Applied For   Appli								3. Date Incorporated or Qualifed		
2. Mailing Address   2. Mailing Address   3. Mailing Address   4. FEI Number   Applied For   Appli								09/30/1998	1	
Solite, Aph. 8, etc.   25   Sulfe, Apt. 8, etc.   27   City & State   27   City & State   28   Sulfe, Apt. 8, etc.   27   City & State   28   Sulfe, Apt. 8, etc.   27   City & State   28   Sulfe, Apt. 8, etc.   27   City & State   28   Sulfe, Apt. 8, etc.   27   City & State   28   Sulfe, Apt. 8, etc.   28   Sulfe, A	2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number Applied For		
Solite, ApJ. F., etc.    Sulle, ApJ. F., etc.				<b>⊢</b>				69 - 353 6253 Not Applica		
Sc. Cardificate of Status Dawied   Fee Required   St. Cardificate of Status Dawied   Fee Required   St. City & State   St. On Many Both St. State   St. On Many Both St. St. St. On Many Both St. St. St. On Many Both St. St. St. On Many Both St. On Many Both St. On Many Both St. St. On Many Both				↓············ <del>·</del>				\$8.75 Additional		
City & State 28  City & State 29  Country 29  Country 20  State 30  Sta				<u></u>				I E Contiferto of Status Desired		
Trust Fund Contribution   Added to Fees   Zep   Country   Zip   Country   S. This corporation owns the current year intanglishe   Yes   Since   Zep				<u> </u>				6 Flection Compaign Financing \$5.00 May Re	$\neg$	
20   20   20   20   20   20   30   30	——— ·	•	20	ony a oldio						
9. Name and Address of Current Registered Agent  GILLEN, DOLORES K 802 BRUNNELL PKWY LAKELAND FL 33815  11. Fursuant to the provisions of Sections 807 0502 and 807 1508. Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607 0505. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, and semilar with, and accept the obligations of, Section 607 0505. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607 0505. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids, Sciol change was authorized by the corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the Statutes. The above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the Statutes. The above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the Statutes. The above-named corporation submits this statement for the purpose of changing its registered diffice or registered depends on the purpose of changing its registered difficence of the provision of the purpose of changing its registered depends on the purpose of changing its registered depends of the purpose of changing its registered depends of the purpose of changin		Country	Zip Country					=		
9. Name and Address of Current Registered Agent  GILLEN, DOLORES K 802 BRUNNELL PKWY LAKELAND FL 33815  13. Street Address (P.O. Box Number is Not Acceptable)  14. 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 agent. I milled with, and accept the obligation of, Section 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I milled with, and accept the obligation of, Section 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I milled with, and accept the obligation of, Section 607.0505. Florida Statutes.  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 agent. I milled the acceptable of the appointment agent and to a spiticate.  12. Corporation is provided agent. I milled the acceptable of the appointment agent and to a spiticate.  13. Name the corporation's board of directors. I hereby accept the appointment agent are too a spiticate.  14. Name the corporation's board of directors. I hereby accept the appointment as registered agent. I milled the acceptable of the a	—, ·									
GILLEN, DOLORES K 802 BRUNNELL PKWY LAKELAND FL 33815  82 Street Address (P.O. Box Number is Not Acceptable)  13 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 agent, and both, in the State of Florida. Stock change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and stock in the State of Florida. Stock change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and smillar with, and accept the obligations of, Section 607,6505, Florida Statutes.  ISIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTE. STREET ADDRESS  14. OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 13  12. NAME  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. OFFICERS AND DIRECTORS IN 12  15. NAME  16. OFFICERS AND DIRECTORS IN 12  16. OFFICERS AND DIRECTORS IN 12  17. OFFICERS AND DIRECTORS IN 12  18. NAME  12. NAME  13. NAME  14. OFFICERS AND DIRECTORS IN 12  14. OFFICERS AND DIRECTORS IN 12  15. NAME  16. OFFICERS AND DIRECTORS IN 12  16. OFFICERS AND DIRECTORS IN 12  18. NAME  18	24				'1	Totachar reporty rux.				
GILLEN, DOLORES K 802 BRUNNELL PKW LAKELAND FL 33815  52 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are 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, and an accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signilure, Iyoud or presed raise of impained agent and bis 4 epiticobie.  (NOTE Registered Agent alignment required when remixiting)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. TITLE  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. STREET ADDRESS  16. Nest min set of Change Addition  NAME  15. STREET ADDRESS  16. Nest min set of Change Addition  16. The Change Addition  17. The Change Addition  18. STREET ADDRESS  18		9. Name and Address of Current	Regist	tered Agent	81	1 1		to. Hame and Address of New Registered Agent	$\neg$	
Street Address (P.O. Box Number is Not Acceptable)	GILLE	EN DOLORES K			"	'	ane			
LAKELAND FL 33815  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 Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and an animalize with, and accept the obligations of, Section 55 Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tise it spaticable.  OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  NAME  13. TITLE  12. NAME 12. NAME 13. TITLE 12. NAME 12. NAME 13. NAME NAME 14. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONSICHANGES TO OFFICERS AND DI		,			82 Street Address (P.O. Box Nu			dress (P.O. Box Number is Not Acceptable)	1	
11. Pursuant to the provisions of Sections 607 D502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 and agent accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, Typed of prefer decrease agent and to a registered.  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. NAME  13. THE PART OFFICERS AND DIRECTORS IN 12.  14. CITY-ST-2P  15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITI					_ \_					
1. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida, Statutes, agent, I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  NAME  13. THE NAME  13. THE NAME  14. THE NAME  14. THE NAME  14. THE NAME  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. THE NAME  16. THE NAME  17. THE NAME  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  NAME  12. NAME  13. THE NAME NAME NAME NAME NAME NAME NAME NAM	LANE	EAND PL 33015			83	'				
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and many and accept the obligations of, Section 607 3051, Florida Statutes.    Signature					84	C	ity	FL 85 Zip Code		
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and many and accept the obligations of, Section 607 3051, Florida Statutes.    Signature	11 Durement to	o the provisions of Sections 607 0502	and 60	77 1508 Florida Statutes	the abov	e-na	med cor	rporation submits this statement for the purpose of changing its registere	ed	
agent. I am familiar with, and accept the obligations of, Section 807, Section 807, USDS, Florida Statutes.  SIGNATURE    2. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE   DELETE   1.1 TITLE   MACE   1.2 NAME	office or re	edistered agent, or both, in the State 0	t Florid	a. Such change was auth	onzea by	ι ine	corporati	tion's board of directors. I hereby accept the appointment as registered		
Signitum, typed or protect name of registeries (Post and the protections)   (NOTE Registered Agend subjective required Agend required agend agen	agent. I an	n familiar with, and accept the obligati	ons of,	Section 607.0505, Florida	Statutes	5,				
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE    DELETE   13 TITLE	SIGNATURE			ALCOHOL: CALLED		_t nio	naturo societi	(Ad when saintains)	ł	
TITLE  NAME  STREET ADDRESS  S						ili siği	natore requir		2	
TITLE  TI		OF ICENS AND	/ DII(L				TP	Change Add		
INDUSTREET ADDRESS  STREET ADD	}			- Vereic	l .		N	nathew J. Gillen	- }	
CITY-ST-ZP  TITLE  DELETE  DELETE  21 TIME  22 NAME  22 NAME  32 STREET ADDRESS  CITY-ST-ZP  DELETE  D								oci Westminster Ct		
TITLE  NAME  22 NAME  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  31 STREET ADDRESS  24 CITY-ST-ZIP  Lakeland, FL 33895  Change  MAddition  NAME  STREET ADDRESS  33 STREET ADDRESS  34 CITY-ST-ZIP  TITLE  DELETE  41 TITLE  DELETE  41 TITLE  MAME  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP  DELETE  51 TITLE  MAME  STREET ADDRESS  44 CITY-ST-ZIP  DELETE  51 TITLE  DELETE  51 TITLE  NAME  STREET ADDRESS  54 CITY-ST-ZIP  DELETE  51 TITLE  DELETE  51 TITLE  DELETE  51 TITLE  Change  Addition  Addition  AMME  STREET ADDRESS  54 CITY-ST-ZIP  DELETE  51 TITLE  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  AMME  STREET ADDRESS  54 CITY-ST-ZIP  DELETE  51 TITLE  Change  Addition  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  AMME  STREET ADDRESS  64 CITY-ST-ZIP  Change  Addition	STREET ADDRESS						DRESS	(1) 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  DELETE  ASTREET ADDRESS  CITY-ST-ZP  DELETE	CITY-ST-ZIP					ST-ZJF	<u> </u>	akiland, PL 33801	dition	
STREET ADDRESS CITY-ST-ZIP    DELETE	TITLE			☐ DELETE	2.1 TITLE		دا		JIDON	
CITY-ST-ZIP    DELETE   DELETE	NAME						1	oseph P. Giller		
TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  LAKE LAND LAND  LE NA. V. Gillen  1.851 Westminster Ct  3.4 CITY-ST-ZIP  LAKE LAND LAND  Change  Addition  Change  Addition  MAME  STREET ADDRESS  TITLE  DELETE  S.1 TITLE  DELETE  Addition  Change  Addition  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  GITY-ST-ZIP  STREET ADDRESS  GITY-ST-ZIP  G.3 STREET ADDRESS  GLY-ST-ZIP  G.3 STREET ADDRESS  GLY-ST-ZIP  G.4 CITY-ST-ZIP  Change  Addition	STREET ADDRESS				2.3 STREE	TADE	DRESS   8	102 brunner pring		
TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  LAKE LAND LAND  LE NA. V. Gillen  1.851 Westminster Ct  3.4 CITY-ST-ZIP  LAKE LAND LAND  Change  Addition  Change  Addition  MAME  STREET ADDRESS  TITLE  DELETE  S.1 TITLE  DELETE  Addition  Change  Addition  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  GITY-ST-ZIP  STREET ADDRESS  GITY-ST-ZIP  G.3 STREET ADDRESS  GLY-ST-ZIP  G.3 STREET ADDRESS  GLY-ST-ZIP  G.4 CITY-ST-ZIP  Change  Addition	CITY-ST-ZIP				2. 4 CITY-	CITY-ST-ZIP		alceland, F = 33899		
STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  AND AND ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  MAY JO DAY  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  SAMME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  GOTY-ST-ZIP  TITLE  Change  Addition  Change  CHA	TITLE			☐ DÉLETE	3.1 TITLE		~*	Change Made	dition	
STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  AND AND ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  MAY JO DAY  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  SAMME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  GOTY-ST-ZIP  TITLE  Change  Addition  Change  CHA	NAME				3.2 NAME		1	eha V. Gillen		
STREET ADDRESS   DELETE   STREET ADDRESS   DELETE   STREET ADDRESS   STR	STREET ADDRESS				33 STREE	T ADD	DRESS L	251 Westminsteret	1	
NAME STREET ADDRESS CITY-ST-ZIP  DELETE  DELETE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS 10 10 THAM MOCK Shade DY  10 THE ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  6.3 STREET ADDRESS CITY-ST-ZIP  CHANGE  Addition  Change  Addition  Change  Addition					3.4. CITY	ST-ZII	P   1	lakeland, FL 33809		
NAME STREET ADDRESS CITY-ST-ZIP  1.0   DELETE   Addition   DELETE   DELETE				☐ D€LETE					lition	
### TITLE	1				4, 2 NAME		12	nary to Day	1	
### TITLE							DRESS 1	In Hammock Shade Dr		
### TITLE		,					, "   '	alc alc and E1 33 409		
NAME				DELETE		11211	- + 1	Change MAdd	dition	
STREET ADDRESS	' I			DULLIL						
54 CITY-ST-ZIP						T ADD	DECC			
DELETE   G.1 TITLE   Change   Addition	STREET ADDRESS						!		l	
NAME   6.2 NAME	CITY-ST-ZIP					51.ZIF			litian	
STREET ADDRESS  CITY: ST-ZIP  6.3 STREET ADDRESS  6.4 CITY: ST-ZIP	TITLE			☐ DELETE				∐ Change ☐ Ado	шоп	
CITY-ST-ZIP 64 CITY-ST-ZIP	NAME									
U(Y-S)-ZIP	STREET ADDRESS				6.3 STREE	T ADE	DRESS		ì	
	CITY-ST-ZIP				64 CITY-5	ST-ZIF	·			

14. I hereby certify that the information supplied with this fifing 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 repeiver 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 witth an address, with all other like empowered.

SIGNATURE:

941-815-7439 Daytime Phone #