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

PROFIT CORPORATION ANNUAL REPORT

1998

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 520484

CHARLES WORTHINGTON INC.

Principal Place of Business RT. 2 BOX 4150 Mailing Address

RT. 2 Box 4KD

1314 0-14	DOX 11-0	111,2,00%	1.50			
FORT WHITE, FL FORT WHITE, FL				_	DO NOT WRITE IN THIS SPACE	
		3203		3. Date Incorporated or Qualified 12 - 20 - 1990		
2. Principal Place of Business		2a. Malling Addres	s		4. FEI Number	Applied For
21		26			10500300pg	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, ef	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30		This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
RT. 2, BOX 4150				1 Name		
				Street Address (P.O. Box Number is Not Acceptable)		
1110 a 1 00 k 110 a			8	3		
TORT WHITE FI						
FORT WHITE, FL 32038			8	' '	FI	L 85 Zip Code
 Pursuant to the office or regist 	e provisions of Sections 607.0 tered agent, or both, in the St	502 and 607.1508, Florida ate of Florida, Şuch chango	Statutes, the abo was authorized t	ve-named cor by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered

nd accept the obligations of, Section 607.0505, Florida Statutes.

of registered agent and the it and cores COTOCNINTSOL SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PKBSIDRNT DELETE 11 HTLE ☐ Addition Change CIKWORTHINGTON NAME 1.2 NAME 2, BOX HISO STREET ADDRESS 13 STREET ADDRESS 32038 FORT WHITE, FL CITY-ST-ZIP 1.4 CITY - ST - 7/P SECRETARY DELETE TITLE 21 NHF Change Addition SUSAN WORTHWOTON RT. 2, BOX HISD NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 31 HTLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST- ZIP TITLE DELETE 61 TITLE 7000002502 -04/28/98--01027--0<mark>2</mark>5 NAME 6.2 NAME STREET ADDRESS ***150.00 6.3 STREET ADDRESS

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 trusted 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

0874 NOTON 4.21.98 (904) 497-1370

FILED

Apr 27 1998 8:00am

Secretary of State