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

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V54715 (0) WORLD NEW BEGINNINGS, INC. Principal Place of Business Mailing Address 613 ARMENIA DRIVE 613 ARMENIA DRIVE PENSACOLA FL \$2505 PENSACOLA FL 32505 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3145645 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intancible 24 25 29 Personal Property Tax due June 30. ☐ Yes ΠNο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ADAMS, SHARON B. 81 613 ARMENIA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32505 83 84 City 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. 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. CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE DAVIS, EARNEST D. NAME 1.2 NAME 2201 SCENIC HWY. STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change TITLE 2.1 TITLE \_\_\_ Addition SHARON B. Hollis ADAMS, SHARON B. NAME 2.2 NAME 813 ARMENIA DR. STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. 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 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 chariged, or on an attachment with an address.

4/22/01