

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V60129** (6)

1. Corporation Name  
**WORDEN, INC.**



Principal Place of Business

Mailing Address

601-C DOGWOOD DR.  
MILTON FL 32570

POST OFFICE BOX 724  
MILTON FL 32572

3. Date Incorporated or Qualified <b>08/25/1992</b>	3a. Date of Last Report <b>05/25/1995</b>
4. FEI Number <b>59-3153224</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>5441 Beechhill RD.</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>MILTON FL.</b>	28
Zip Country	Zip Country
24 <b>32570</b>	29 <b>Santa Rosa</b>
	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WORDEN, DAWN**  
**6493 DALISA RD.**  
**MILTON FL 32583**

81 Name <b>Ronald Worden</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6952 Chipley RD.</b>
83
84 City <b>Milton</b>
FL 85 Zip Code <b>32570</b>

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 *Ronald Worden* **Ronald Worden pres. 01-26-96**  
Signature and printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WORDEN, DAWN</b>		1.2 NAME <b>RONALD WORDEN</b>	
STREET ADDRESS <b>6493 DALISA RD.</b>		1.3 STREET ADDRESS <b>6952 CHIPLEY STREET</b>	
CITY-ST-ZIP <b>MILTON FL 32583</b>		1.4 CITY-ST-ZIP <b>MILTON FL 32570</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WORDEN, RONALD</b>		2.2 NAME	
STREET ADDRESS <b>6952 CHIPLEY ST.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MILTON FL 32570</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>CANDACE JOHNSON</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>6950 TIMBERCREST RD.</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>MILTON FL 32570</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 reported 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, director or shareholder of the corporation or officer 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: *Ronald Worden* **01-26-96 (904) 266-9010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)6