

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 6 11 0:00

DOCUMENT # M86939

(9)

1. Corporation Name

THE NEEDLEWORKS, INC.

Principal Place of Business

% ANNE L. STOWELL
227 E. 6TH AVENUE
TALLAHASSEE FL 32303-6207

Mailing Address

% ANNE L. STOWELL
227 E. 6TH AVENUE
TALLAHASSEE FL 32303-6207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1988

3a. Date of Last Report

08/01/1994

4. FEI Number

59-2895618

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

5. This corporation has liability for intangible tax under Ch. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt #, etc

27

City & State

28

Zip

Country

29

Zip

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOWELL, ANNE L.
227 E. 6TH AVENUE
TALLAHASSEE FL 32303

81 Name

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

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. 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STOWELL, ANNE L.
STREET ADDRESS 1603 FERNANDO DRIVE
CITY, ST, ZIP TALLAHASSEE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D
NAME STOWELL, H. PETER
STREET ADDRESS 1603 FERNANDO DRIVE
CITY, ST, ZIP TALLAHASSEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 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 an addition with an address.

SIGNATURE:

ANNE L. STOWELL

5-28-95

904-222-6891

(Signature and typed or printed name of signing officer or director)