

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90053 023 ***150.00

DOCUMENT # 680790

1. Entity Name
WORKMAN MANUFACTURING, CORP.

Principal Place of Business
208 CRYSTAL CT., SE
WINTER HAVEN FL 33880

Mailing Address
208 CRYSTAL CT., SE
WINTER HAVEN FL 33880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
208 Overlook Drive S.E.

3. Mailing Address
208 Overlook Drive, S.E.

Suite, Apt. #, etc.

City & State
Winter Haven, FL

City & State
Winter Haven, FL

4. FEI Number **59-2149549**

Applied For
 Not Applicable

Zip Country
33884 USA

Zip Country
33884 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

~~6. Name and Address of Current Registered Agent~~ ~~7. Name and Address of New Registered Agent~~

MATTOX, RAY
216 WEST CENTRAL AVENUE, P. O. BOX 917
P.O. BOX 917
WINTER HAVEN FL 33880

Name
Michael E. Workman, Clark, Campbell & Mawhinney, P.A.

Street Address (P.O. Box Number is Not Acceptable)
500 South Florida Avenue, Suite 800

City
Lakeland **FL** Zip Code
33801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Michael E. Workman*, *Michael E. Workman* **4-16-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WORKMAN, WILLIAM DALE 208 CRYSTAL CT., SE WINTER HAVEN FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Gerald J. Osberg 208 Overlook Drive, S.E. Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Erin L. Osberg 208 Overlook Drive, S.E. Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald J. Osberg* **4/17/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)