FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:28

DOCUMENT # 731694 (6)

1. Corporation Name
FRIENDS OF HAPPY WORKERS, INC.

Principal Place of Business	Mailing Address
920 19TH ST. S. ST. PETERSBURG FLORIDA 33712	920 19TH ST. S. ST. PETERSBURG FLORIDA 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1975
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-0751908 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DUCKETT, GREGORY
1500 ALHAMBRA WAY S
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

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 Gregory E. Duckett (Sign here, type or print name of registered agent and title if applicable) Gregory Duckett, President (NOTE: Registered Agent signature required when mailing) DATE 2-2-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, CALVIN	1.2 NAME	
STREET ADDRESS	2575 DESOTO WAY S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	RSD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALSEN, MARGARET	2.2 NAME	
STREET ADDRESS	830 N. SHORE DR. APT. 5A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	HAGBURG, REV GORDON	3.2 NAME	
STREET ADDRESS	1237 BRIGHTWATERS BLVD NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	DUCKETT, GREGORY	4.2 NAME	
STREET ADDRESS	1500 ALHAMBRA WAY S	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	ED	5.1 TITLE	☐ Change ☐ Addition
NAME	IRVING, VIRGINIA	5.2 NAME	
STREET ADDRESS	2600 10TH STREET S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory E. Duckett 2-2-95 892-4234
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone Number

0014701