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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Businesis

1315 WEST MAIN STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H78587

THE COTTAGE WORKS, INC.

Mailing Address 1315 WEST MAIN STREET

(3)

FILED Mar 21 1997 8:00am Secretary of State



City & State Country Zip Country Zip Country Strict Corporation has liability for intangible tage of the provided Statutes Plorida Statutes Yes FARRELL, MARGARET H. 5140 S.E. 18TH STREET OCALA FL 32671 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	e of t		
26 Suite, Apt #, etc. Su			leport
Suite, Apt #, etc. Suite, Apt #, etc. Suite, A			pplied For
City & State B. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Country B. This corporation has liability for intangible ta Florida Statutes Power and Address of Current Registered Agent FARRELL, MARGARET H. 5140 S.E. 18TH STREET OCALA FL 32671 B. This corporation has liability for intangible ta Florida Statutes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)			ot Applicat:
Trust Fund Contribution Solution Florida Statutes FARRELL, MARGARET H. 5140 S.E. 18TH STREET OCALA FL 32671 Trust Fund Contribution Trust F			Additional equired
PARTICLE, MARGARET H. 5140 S.E. 18TH STREET OCALA FL 32671 PARTICLE 181 STREET OCALA FL 32671 PIorida Statutes Yes Service Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 83			May Be to Fees
9. Name and Address of Current Registered Agent FARRELL, MARGARET H. 5140 S.E. 18TH STREET OCALA FL 32671 82 Street Address (P.O. Box Number is Not Acceptable) 83		ider s	5. 199.032,
5140 S.E. 18TH STREET OCALA FL 32671 82 Street Address (P.O. Box Number is Not Acceptable) 83	genl		
OCALA FL 32671			
63			
84 City	85	Zip	Code
FL 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 c		· · · ·	
office or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appoinagent Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	intmë	int as	registered
SIGNATURE Separate the re-protect name or eighten or spirit and otten applicable. (NOTE: Registered Agent eighten eighten reinstang). DATE			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND D	DIREC	CTO	RS IN 12
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NAME FARRELL, MARGARET H. 1.2 NAME			
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NAME JEFFERS, BRENDA L. 22 NAME			
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NAME 62 NAME			
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CTY-\$1-7/2			

14. Let 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 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 February 12 or 9) ick 13 if chapted, or on an attachment with an address.