

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/11/95 -01048 -002
1800.00 *200.00

DOCUMENT # J75561 (7)
1. Corporation Name
THE WORKS, INC. OF MARCO ISLAND

Principal Place of Business
1000 NO COLLIER BLVD
STE 18
MARCO ISLAND FL 33937
US

Mailing Address
1000 NO COLLIER BLVD
STE 18
MARCO ISLAND FL 33937
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/29/1987
3a. Date of Last Report 05/01/1994

4. FEI Number 59-2833230
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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLINE, EDWARD A.
1490 OSPREY AVE
NAPLES FL 33962

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 fee # applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME KENISON, CAROLYN M.
STREET ADDRESS 1000 NO COLLIER BLVD STE 18
CITY - ST - ZIP MARCO ISLAND FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ST
NAME KENISON, CAROLYN M.
STREET ADDRESS 1000 NO. COLLIER BLVD STE 18
CITY - ST - ZIP MARCO ISLAND FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplement annual report is true and correct 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 a trustee or partner or partner in this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or in no such case.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT
CAROLYN M KENISON

4/28/95

813-394-4949