

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # L29868

(1)

1. Corporation Name
MOD WORKS, INC.



Principal Place of Business

C/O COONS, TIMOTHY
8520 SKYLANE WAY
PUNTA GORDA FL 33982
US

Mailing Address

C/O COONS, TIMOTHY
8520 SKYLANE WAY
PUNTA GORDA FL 33982
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

COONS, TIMOTHY
8250 SKYLANE WAY
PUNTA GORDA FL 33982

3. Date Incorporated or Qualified

11/13/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0154596

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

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

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

(If Officer - Registered Agent signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME COONS, TIMOTHY
STREET ADDRESS 8250 SKYLANE WAY
CITY-ST-ZIP PUNTA GORDA FL

TITLE VS ☐ DELETE

NAME STRACK, RONALD
STREET ADDRESS 8250 SKYLANE WAY
CITY-ST-ZIP PUNTA GORDA FL

TITLE VT ☒ DELETE

NAME BERNHARD, DENNIS
STREET ADDRESS 8250 SKYLANE WAY
CITY-ST-ZIP PUNTA GORDA FL

TITLE V ☒ DELETE

NAME SURRELL, KEVIN
STREET ADDRESS 8250 SKYLANE WAY
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-23-97 941-637-6770

CR2E034 (9/96)