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

PROFIT . **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

C/O COONS. TIMOTHY

8520 SKYLANE WAY **PUNTA GORDA FL 33982** 

Suite, Apt. #, etc.

City & State

22

23

24

Zip

MOD WORKS, INC.

L29868

Country

9. Name and Address of Current Registered Agent

25

COONS, TIMOTHY

8250 **S**KYLANE WAY

PUNTA GORDA FL 33982

(1)

Mailing Address

2a. Mailing Address

City & State

Zip

28

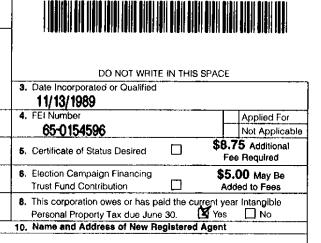
28

Suite, Apl. #, etc.

C/O COONS, TIMOTHY 8520 SKYLANE WAY

**PUNTA GORDA FL 33982** 

## FILED May 15 1998 8:00am Secretary of State



Zip Code

Street Address (P.O. Box Number is Not Acceptable)

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

Country

81 Name

82

83

30

SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE COONS, TIMOTHY NAME 1.2 NAME 8250 SKYLANE WAY STREET ADDRESS 1.3 STREET ADDRESS **PUNTA GORDA FL** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition STRACK, RONALD NAME 2.2 NAME **8250 SKYLANE WAY** STREET ADDRESS 23 STREET ADDRESS PUNTA GORDA FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TIRE NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change \_\_ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 suppliemental 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or aireoio.
Block 12 or Block 18 if changed, or on an attachment with an address