

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # L61168 (5)**

To: Corporation Name:  
**GENERAL WORKS, INC.**

65 MAY - 1 11:10:35

RECEIVED  
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O JERRY M. CUTRONA  
123 N INDUSTRIAL DR #B POB 740708  
ORANGE CITY FL 32774-7708**

Mailing Address: **C/O JERRY M. CUTRONA  
123 N INDUSTRIAL DR #B POB 740708  
ORANGE CITY FL 32774-7708**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/23/1990</b>	3a. Date of Last Report <b>05/24/1994</b>
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FFI Number <b>59-3004096</b>	Applied For Not Applicable
25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. State, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CUTRONA, JERRY M.  
123 N. INDUSTRIAL DRIVE  
SUITE B  
ORANGE CITY FL 32763**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Accepted)	
83. City	<b>FL</b>

11. Pursuant to the provisions of Sections 607 (050) and 607 150B, 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 (050), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME: <b>DPT CUTRONA, JERRY M.</b>	12.2 STREET ADDRESS: <b>123 N. INDUSTRIAL DR.#B</b>	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY & STATE: <b>ORANGE CITY FL</b>	12.4 ZIP: <b>32763</b>	13.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: <b>VP ENSINGER, DEBRA D</b>	12.6 STREET ADDRESS: <b>123 N INDUSTRIAL DR</b>	13.3 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 CITY & STATE: <b>ORANGE CITY FL</b>	12.8 ZIP: <b>32763</b>	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: <b>VP CUTRONA, MELINDA E</b>	12.10 STREET ADDRESS: <b>123 N INDUSTRIAL DR</b>	13.5 NAME:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.11 CITY & STATE: <b>ORANGE CITY FL</b>	12.12 ZIP: <b>32763</b>	13.6 NAME:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.13 NAME:	12.14 STREET ADDRESS:	13.7 NAME:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.15 CITY & STATE:	12.16 ZIP:	13.8 NAME:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.17 NAME:	12.18 STREET ADDRESS:	13.9 NAME:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.19 CITY & STATE:	12.20 ZIP:	13.10 NAME:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.21 NAME:	12.22 STREET ADDRESS:	13.11 NAME:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.23 CITY & STATE:	12.24 ZIP:	13.12 NAME:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (07)(b), Florida Statutes. I further certify that the information included 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 authorized representative named to execute the report, as required by Chapter 607, Florida Statutes, and that my name appears on Block 9, or Block 11 if a corporation or another firm with an address.

SIGNATURE: *Melinda E. Cutrona* Melinda E. Cutrona **4/19/95** 904-775-6320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR