

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90086 048 \*\*\*150.00

DOCUMENT # **L61168**

1. Corporation Name  
**GENERAL WORKS, INC.**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**03/23/1990**

4. FEI Number  
**59-3004096**

Applied For  
☐ Not Applicable

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**CUTRONA, JERRY M.**  
**123 N. INDUSTRIAL DRIVE**  
**SUITE B**  
**ORANGE CITY FL 32763**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CUTRONA, JERRY M.			1.2 NAME			
STREET ADDRESS	123 N. INDUSTRIAL DR.#B			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ENSINGER, DEBRA D			2.2 NAME			
STREET ADDRESS	123 N INDUSTRIAL DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL			2.4 CITY-ST-ZIP			
TITLE	VPST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CUTRONA, MELINDA E			3.2 NAME			
STREET ADDRESS	123 N INDUSTRIAL DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WINANT, MICHAEL			4.2 NAME			
STREET ADDRESS	123 N INDUSTRIAL DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLIAMS, DAVID E			5.2 NAME			
STREET ADDRESS	123 N INDUSTRIAL DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: Melinda E. Cutrona 2/9/99 904-775-6320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)