Jan 30, 2002 8:00 am Secretary of State

01-30-2002 90158 004 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24985

1. Entity Name

THE HOUSE OF ST. JOSEPH THE WORKMAN, INC.

Principal Place of Business

Mailing Address

C/O EVELYN J. MCCARRON 109G RACETRÄCK RD. NE FT. WALTON BEACH FL 32547 C/O EVELYN J. MCCARRON 109G RACETRACK RD. NE FT. WALTON BEACH FL 32547

2. Principal Place of Business 3. Mailing Address								#	
2. Findpart lace di Busilless			ng Address				## #### ### #########################	BION BIBN BIBN BI	1)) 6) 6) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number Applied For S9-2886544 Not Applicable			
Zip Country Z			Zip Cou		intry	5. Certificate of Status Desired \$8.75 Additional			
						Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
					Charat Address (D.O. Day Niyabar is Not Assaytable)				
MCCARRON, EVELYN J.					Street Address (P.O. Box Number is Not Acceptable)				
109G RACETRACK RD. NE FT. WALTON BEACH FL 32548									
					City		F	Zip Code	e
8. The above	named entity submits this statement for	or the purpo	se of changing its	registere	Led office or regist	ered agent, or both, in	the state of Florida.		
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE									
1	Election Campaign Financing Trust Fund Contribution. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		eck Payable nent of State			
10. OFFICERS AND DIRECTORS				11.		ADDITIONS/CHANG	S TO OFFICERS AND	DIRECTORS IN	10
TITLE			☐ Delete	TITLE				Change	☐ Addition
NAME	MCCARRON, EVELYN J.				NAME				ļ
STREET ADDRESS CITY-ST-ZIP	214 FLIVA AVENUE		STREET AD		ET ADDRESS				}
TITLE	FT. WALTON BEACH FL		□ Delete	TITLE		 		☐ Change	☐ Addition
NAME	MCCARRON, THOMAS J.		C Delete	NAM	ì			CT cuande	☐ ¥00000;i
STREET ADDRESS	214 FLIVA AVENUE			STRE	ET ADDRESS				}
CITY-ST-ZIP	FT. WALTON BEACH FL			City	-ST-ZIP				e
TITLE	D		☐ Delete	TITLE	:]			Change	☐ Addition
NAME OTOSET ARRESTO	IRLBECK, CATHERINE			NAM					
STREET ADDRESS CITY-ST-ZIP	HIGHWAY 90W				ET ADDRESS -ST-ZIP				{
TITLE	DEFUNIAK SPRINGS FL		□ Delete	TITLE				☐ Change	☐ Addition
NAME			∟ Delete	NAM	l l			□ citange	Augmon
STREET ADDRESS					ET ADDRESS				ŧ
CITY-ST-ZIP				CITY	-ST-ZIP				
TITLE	17,177		☐ Delete	TITLE				☐ Change	Addition
NAME	The ARTS Mark HOSE			NAM	ı				ļ
STREET ADDRESS	stranger and a second of the				ET ADDRESS		Land the second and the second second	et	ſ
CITY-ST-ZIP, 2	Constitution of the party of th	5 25 3 Co + 40		┢┷	-01-211	# - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -			D A stable :
TITLE	, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·,		☐ Delete	TITLE	1			☐ Change	☐ Addition

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Catheria TUPE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/13/02

1-850-862-4664

Daytime Phone 4