

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000000541 (2)

1. Corporation Name

DRUG FREE WORKPLACES, INC.



Principal Place of Business

117 W GARDEN STREET
PENSACOLA FL 32501

Mailing Address

117 W GARDEN STREET
PENSACOLA FL 32501

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MITCHELL, WILMER H
130 E GOVERNMENT STREET
PENSACOLA FL 32501**

3. Date Incorporated or Qualified

10/16/1992

3a. Date of Last Report

04/19/1995

4. FEI Number

59-3173782

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 607.0902 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE	<input type="checkbox"/> DELETE
11.2 NAME	D LAW, CAROL J
11.3 STREET ADDRESS	3386 CHATARENE DRIVE
11.4 CITY-STATE-ZIP	PENSACOLA FL 32507
11.5 TITLE	<input type="checkbox"/> DELETE
11.6 NAME	
11.7 STREET ADDRESS	
11.8 CITY-STATE-ZIP	
11.9 TITLE	<input type="checkbox"/> DELETE
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY-STATE-ZIP	
11.13 TITLE	<input type="checkbox"/> DELETE
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY-STATE-ZIP	
11.17 TITLE	<input type="checkbox"/> DELETE
11.18 NAME	
11.19 STREET ADDRESS	
11.20 CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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 in an attachment with an address.

SIGNATURE:

Carol J. Law
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96 904-434-3782
Date Filing Fee

CR2E034 (12/95)