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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 JAN 31 PM 2:11

DOCUMENT # P94000062311 (3)

1. Corporation Name
FLASH-WORKS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1407 MINK DRIVE<br>APOPKA FL 32703 | 1407 MINK DRIVE<br>APOPKA FL 32703 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1407 MINK DR.
22 Suite, Apt. #, etc.
23 City & State: APOPKA, FL
24 Zip: 32703 Country: 25 USA

2a. Mailing Address
26 P.O. BOX 3045
27 Suite, Apt. #, etc.
28 City & State: APOPKA FL
29 Zip: 32703 Country: 30 USA

4. FEI Number: 59-3259427 ☑ 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

9. Name and Address of Current Registered Agent

CASTIGLIONE, MICHAEL J
1407 MINK DRIVE
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name: CASTIGLIONE DIANE E.
82 Street Address (P.O. Box Number is Not Acceptable)
83 1407 MINK DR.
84 City: APOPKA FL 85 Zip Code: 32703

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: DIANE E. CASTIGLIONE — DATE: 1/27/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | CASTIGLIONE, MICHAEL J | 1.2 NAME | |
| STREET ADDRESS | 1407 MINK DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | APOPKA FL 32703 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | CASTIGLIONE, DIANE E | 2.2 NAME | |
| STREET ADDRESS | 1407 MINK DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | APOPKA FL 32703 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | PAMPLIN, GARY R | 3.2 NAME | |
| STREET ADDRESS | 1407 MINK DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | APOPKA FL 32703 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-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 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.

SIGNATURE: Diane E. Castiglione — 1/27/95 — 407-886-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIANE E. CASTIGLIONE

0036417 CP