

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000094086 (3)**

1. Corporation Name

**MIND WORKS INCORPORATED**



Principal Place of Business

Mailing Address

**1152 PARK LANE  
GULF BREEZE FL 32561**

**1152 PARK LANE  
GULF BREEZE FL 32561**

3. Date Incorporated or Qualified

**01/02/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2701 Sea Lark Ln**

26 **2701 Sea Lark Ln**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Milton, Florida**

27 **Milton, Florida**

City & State

City & State

23 **32583 USA**

28 **32583 USA**

Zip Country

Zip Country

24 **32583 USA**

29 **32583 USA**

4. FEI Number

**59 3238881**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$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

10. Name and Address of New Registered Agent

**FARRALL, JUANITA G  
1152 PARK LANE  
GULF BREEZE FL 32561**

address only

81 Name **Farrall, Juanita G**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2701 Sea Lark Lane**

83

84 City **Milton**

**FL 32583**

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 *Juanita G. Farrall*

**Juanita G. Farrall**

**May 21, 96**

Signature, typed or printed name of registered agent and fee, if applicable.

Date of Registered Agent Signature (required when resubmitting)

Date

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FARRALL, WILLIAM R</b>	
STREET ADDRESS	<b>1152 PARK LANE</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FARRALL, JUANITA G</b>	
STREET ADDRESS	<b>1152 PARK LANE</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Farrall, William R.</b>	
1.3 STREET ADDRESS	<b>2701 Sea Lark Lane</b>	
1.4 CITY-ST-ZIP	<b>Milton, FL 32583</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Farrall, Juanita G.</b>	
2.3 STREET ADDRESS	<b>2701 Sea Lark Lane</b>	
2.4 CITY-ST-ZIP	<b>Milton, FL 32583</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*Juanita G. Farrall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/21/96**

Date

**995-5090**

Daytime Phone #

CR2E034 (12/95)