FIL	E NOW: FILII	NG FEE AFTE	R MAY 1 IS	\$225	5.00			
COF ANNU	PROFIT CORPORATION NNUAL REPORT Sandra B Secretar		FLORIDA DEPARTM Sandra B. N Secretary of DIVISION OF CO	RTMENT OF STATE 3. Mortham ry of State				
DOCUI	MENT#	P9500005	5169 (3)	**************************************				
Corporation POLI	CYWORKS, INC.		(-,					
. 02.	-					1 1 4 8 (1 5 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iller dern bered ber	1
Principal Place	of Business	Mailin	g Address					
	COLLEGE AVENUE SEE FL 32301		06 EAST COLLEGE AVE ALLAHASSEE FL 32301	NUE				
2. Principal Pla	ace of Business	2a M	illing Address			3. Date Incorporated or Qualified 07/18/1995	3a. Date of Fir:	
21		26	aming Address			4. FEI Number 59 – 3335053		Applied For Not Applicable
Suite, Apt. :		27 Su	ite, Apt. #, etc.			5. Certificate of Status Desired	∑ \$	8.75 Additional Fee Required
City & State	•	28	y & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
Zip 24	25 29		30	Country 30		8. This corporation has liability for	intangible tax ur	Added to Fees index s 199.032,
	9. Name and Addre	ss of Current Registere	d Agent			10. Name and Address of New F		nt
TAYLO	DR, BRENT R			81	Name			
	VENUE E.			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
APALA	CHICOLA FL 32320			83				
`				84	City		8	5 Zip Code
11. Pursuant to	the provisions of Section	ons 607.0502 and 607.15	08. Florida Statutes, th	e above-	named coroo	ration submite this statement for the nu		1 '
or registere familiar witi	ed agent, or both, in the h, and accept the obligal	State of Florida. Such cha ions of, Section 607.0505	ingo was autriorized by 5. Florida Statutes.	the corp	oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of changir bintment as regi	stered agent. Lam
SIGNATURE _	Skingture, typed or printed name, a	firegistered agent and tille if applica	2.5000000		,			
12.		FICERS AND DIRECTOR		istered Age	1 signature require	kt when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ECTOPS IN 12
TITLE	President		DELETE	1. 1 TITLE				
NAME	Angela B.			1.2 NAME	Ī			3
STREET ADDRESS CITY-ST-ZIP	5987 Las	Ridge Driv	د	1.3 STREET				الْمُ الْمُ
TITLE	- WHELES	KL FC 323	DELETE	1.4 CITY - S 2 1 TITLE	1 - ZIP		F-1 04	<u> </u>
NAME	Vice-Pres Fely Curv	ragiir		2.2 NAME			Cr	iange 🗌 Addition
STREET ADDRESS	1212 PIE	ducant on	رو .	2.3 STREET	ADDRESS			
CHY-ST-ZIP	Tallalus	see pl	52312	24 CITY-S	1 - ZIP			
NAME	Treasurer		☐ DELETE	3 1 TITLE 32 NAME			Cn	ange Addition .
STREET ADDRESS	Sande Mil	full property	a	3.3. STREET	ADDRESS	00000182	2000	n İ
CITY-ST-ZIP	Tallalier	see PL	2312	3 4 CITY - S		-05/15/96010	31026	
TITLE NAME	General C	ounsel	DELETE	4. 1 TITLE		***208.75	☐ Ch	ange
STREET ADDRESS	Brent R.		1	4.2 NAME				
CITY-ST-ZIP	281 Avenu		l	4.3 STREET 4.4 CITY-S				
TITLE	mprovence	old FL 82		5 1 TITLE			□ Ch	ange [] Addition
NAME				5 2 NAME				
STREET ADDRESS CITY-ST-ZIP				5 3 STREET				
ITLE			E A DELETE	5.4 CITY-S' 6. 1 TITLE	- ZIP		П	Addition
IAME				62 NAME			[□ Cha	ange [Addition
STREET ADDRESS			ľ	63 STREET	ADDRESS			
ITY-ST-ZIP	cortify that the information	n supplied with this filion		6.4 CITY - SI	- 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:

Brent R. Taylor April 22, 1996 (904) 425-8344