

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S37417 (0)**

1. Corporation Name
**MULLIS DIVERSIFIED, INC. changed to:
INCA MILL WORKS, INC.**



Principal Place of Business
**4812 26TH AVE W
BRADENTON FL 34209-6104**

Mailing Address
**4812 26TH AVE W
BRADENTON FL 34209
US**

3. Date Incorporated or Qualified **03/12/1991** 3a. Date of Last Report **01/23/1995**

4. FEI Number **65-0249560** 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

2. Principal Place of Business 2a. Mailing Address

21 **5003 32nd ST. EAST** 26 **5003 32nd ST. EAST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **BRADENTON, FL** 28 **BRADENTON, FL**

Zip Country Zip Country

24 **34203** 25 **USA** 29 **34203** 30 **USA**

9. Name and Address of Current Registered Agent

**MULLIS, ELVEN DION
4812 26TH AVE W
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name **ROBERT R. CLOUSER**

82 Street Address (P.O. Box Number is Not Acceptable)
5003 32nd STREET EAST

83

84 City **BRADENTON** FL 85 Zip Code **34203**

11. Pursuant to the provisions of Sections 607.0507 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 Robert R. Clouser (Robert R. Clouser Pres.) 3-18-96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MULLIS, ELVEN DION	
STREET ADDRESS	4812 26TH AVE W BRADENTON FL	
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MULLIS, JUDITH RAE	
STREET ADDRESS	4812 26TH AVE W BRADENTON FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	5000017581595, -03/27/96- 01000--017
14 CITY - ST - ZIP	34200, 00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	P.D Robert R. Clouser
33 STREET ADDRESS	5003 32nd STREET EAST
34 CITY - ST - ZIP	BRADENTON, FL 34203
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	S, D DONNA N. CLOUSER
43 STREET ADDRESS	5003 32nd STREET EAST
44 CITY - ST - ZIP	BRADENTON, FL 34203
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Robert R. Clouser Robert R. Clouser 3-22-96 (941) 756-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)

34203