PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of Salas

Principal Place of Business	Mailing Address	
5003 32ND ST. EAST Bradenton FL 34203	5003 32ND ST. EAST Bradenton FL 34203	

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90014 050 ***150.00

,	1999	DIVISION OF CO						
i. Corporation								
INCA MILL WORKS, INC.								
Principal Place	of Business	Mailing Address			I (Mithin Ind atter trant dinne diate and annual	1811 41410 BIRT	#1911 #1811 1901	
5003 32ND ST.	EAST	5003 32ND ST. EAST						
BRADENTON FL	34203	BRADENTON FL 34203			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed			1
					03/12/1991			Į.
2 Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	A	polied For	1
21	505 0, 220222	26			65-0249560	N	ot Applicable	j
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	İ
22		27			5. Certicate di Status Desireo	Fee R	equired	1
City & State	9	City & State			6. Election Campaign Financing		.May Bo	1
23	·	28			Trust Fund Contribution		to Fees	ł
Zip	Country	Zip	Country	•	8. This corporation owes the current year Int	tangible	□No	١
24	25	29 30	0		Personal Property Tax. 10. Name and Address of New Registered		LINU	ł
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Augisterson	- Agont		1
	user, robert r		Ľ					
	32ND ST. EAST		82	Street Add	ress (P.O. Box Number is Not Acceptable)]
	DENTON FL 34203		83	 -				Ì
	SCHISH I E STEED			<u> </u>				1
j			84	City	FL	85 Zip	Code	l
dd Discourse	the applicant of Sections 607 050	2 and 807 1508 Florida Statutes	the abov	e-named corr	poration submits this statement for the purpose of	changing its	registered	1
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	norized by	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as re	egistered	İ
	m familiar with, and accept the obligat	lions of, Section 607,0505, Florid	a Statutes	5.				l
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	ngistered Age	est agneture require	ed when reinstating) DATE			l a
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		ORS IN 12	B2F034 (11/98)
TILE	PD	☐ DETELE	1.1 TITLE			Change	Addition	5
NAME	CLOUSER, ROBERT R		1.2 NAME					8
STREET ADDRESS	5003 32RD STREET EAST		1.3 STREE	T ADDRESS				Ĕ
CITY-ST-ZIP	BRADENTON FL 34203		1.4 CITY-S	57-ZP		☐ Change	Addition	2
TITLE	SD	☐ DELETE	21 TITLE			☐ crewite		l
NAME	CLOUSER, DONNA M		2.2 NAME	l l			-	l
STREET ADDRESS	5003 32ND STREET EAST		23 STREE	TADORESS				ł
CITY- ST-ZIP	BRADENTON FL 34203		2. 4 CRY-	ST-ZIP		Change	Addition	١
TITLE		☐ DELETE	31 TITLE			Clause		
NAME			32 NAME					
. STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		☐ DELETE	34, CITY-	ST-ZIP		Change	Addition	1
1mLE		C OFFER	,				•	Ì
NAME			4. Z NAME					ł
STREET ADDRESS		,	1	TADORESS				i
CITY-ST-ZIP	<u> </u>	DELETE	4.4 C/TY-5 5.1 TITLE	SI-ZIP		Change	Addition	1
un E		TI nere e	5.1 MILE 5.2 NAME				_	
NAME				T ADDRESS				
STREET ADDRESS			5.4 CITY-S	i				l
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TITLE			[] Change	☐ Addition	1
TILE			6.2 NAME				_	1
NAME				TADDRESS				l
STREET ADDRESS			8.4 CITY-S	1				
CITY-ST-ZIP			0.4 (111-5)			1° 45 -4 45 -	lefe en alla a	j .

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as attachment with an address-with all other like empowered.

CI	CA	IA	TI	ID	c.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR