

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012002

Entity Name: FLAG WORKS, INC.**Current Principal Place of Business:**6459 CAVALCADE TRAIL
TALLAHASSEE, FL 32309**Current Mailing Address:**2910 KERRY FOREST PKWY
D4-388
TALLAHASSEE, FL 32309**FEI Number:** 20-3881141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BESSE, TERI
6459 CAVALCADE TRAIL
TALLAHASSEE, FL 32309 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	EIGEN, SUSAN
Address	610 PRINCE AVENUE
City-State-Zip:	TIFTON GA 31793

Title	DIRECTOR
Name	LECOMPTE, DANNY
Address	709 HIGHLAND ROAD
City-State-Zip:	AUBURN AL 36830

Title	DIRECTOR
Name	SCHENCK, FRANK
Address	204 DEER TRACKS CIRCLE
City-State-Zip:	OWENS CROSS ROADS AL 35736

Title	CHAIRMAN
Name	WARREN, J D
Address	2806 TIPPERARY DRIVE
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	BECKETT, MARY P
Address	1914 RUBY MOUNTAIN STREET
City-State-Zip:	POWER SPRINGS GA 30127

Title	DIRECTOR
Name	GARRIS, SHERRY
Address	110 TUFTON COURT
City-State-Zip:	CAYCE SC 29033

Title	DIRECTOR
Name	TURNIPSEED, SHERRI
Address	USFDA-ANIMAL DRUGS RESEARCH CENTER DENVER FEDERAL CENTER
City-State-Zip:	DENVER CO 80225

Title	DIRECTOR
Name	COCHRAN, JACK
Address	110 BENNER CIRCLE
City-State-Zip:	BELLEFONTE PA 16823

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY PAT BECKETT**DIRECTOR****04/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date