

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90026 045 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000001833

1. Corporation Name
CONSO PRODUCTS COMPANY



Principal Place of Business Mailing Address
 513 N DUNCAN BYPASS PO BOX 326
 UNION SC 29379 UNION SC 29379
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/12/1996

4. FEI Number
57-0986680

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINDLAY, J CARY		1.2 NAME	
STREET ADDRESS 513 N DUNCAN BYPASS		1.3 STREET ADDRESS	
CITY-ST-ZIP UNION SC 29379		1.4 CITY-ST-ZIP	
TITLE CEOP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOUTHERLAND, S DUANE JR		2.2 NAME	
STREET ADDRESS 513 N DUNCAN BYPASS		2.3 STREET ADDRESS	
CITY-ST-ZIP UNION SC 29379		2.4 CITY-ST-ZIP	
TITLE DVS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINDLAY, KONSTANCE J K		3.2 NAME	
STREET ADDRESS 513 N DUNCAN BYPASS		3.3 STREET ADDRESS	
CITY-ST-ZIP UNION SC 29379		3.4 CITY-ST-ZIP	
TITLE TV	<input checked="" type="checkbox"/> DELETE	4.1 TITLE CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARTELL, GILBERT G		4.2 NAME ZONIN, RICHARD A.	
STREET ADDRESS 513 N DUNCAN BYPASS		4.3 STREET ADDRESS 513 N DUNCAN BYPASS	
CITY-ST-ZIP UNION SC 29379		4.4 CITY-ST-ZIP UNION SC 29379	
TITLE CAO	<input checked="" type="checkbox"/> DELETE	5.1 TITLE CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DECHANT, DAVID B		5.2 NAME CHRISTENSEN, RICK	
STREET ADDRESS 513 N DUNCAN BYPASS		5.3 STREET ADDRESS 513 N DUNCAN BYPASS	
CITY-ST-ZIP UNION SC 29379		5.4 CITY-ST-ZIP UNION SC 29379	
TITLE COOV	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEWART, WILLIAM M		6.2 NAME	
STREET ADDRESS 513 N DUNCAN BYPASS		6.3 STREET ADDRESS	
CITY-ST-ZIP UNION SC 29379		6.4 CITY-ST-ZIP	

14. I 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 an attachment with an address, with all other like empowered.

SIGNATURE: William M Stewart Date: 04-30-99 Daytime Phone #: 814-427-9004

CR2E034 (1/98)