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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700004081 (2)

COMMONWEALTH BRANDS, INC.

## **FILED** Jan 21 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
PO BOX 5158 BOWLING GRE	7 EEN KY 42102-5887	PO BOX 51587 BOWLING GREEN KY 42102-5887					
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
A 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·				08/04/1997		
		2a. Mailing Address	<del>"</del> "]		4. FEI Number		pplied For
21 Suite And the sta		26		· · · · · · · · · · · · · · · · · · ·		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
City & State		City & State				Required	
23		<del></del>	28		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country Zip Country						
24	25	29	30		<ol><li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li></ol>	Yes No	
<del></del>	9. Name and Address of Curre		1001		10. Name and Address of New Registered		
CT	CORPORATION SYSTEM		81	Name			·
1200 SOUTH PINE ISLAND ROAD				Street Add	dress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				Street Add	uress (F.O. Box number is not Acceptable)		
			83				
			84	City		[a=1 =0	
				- 7	FL	.	Code
11. Pursuani t	o the provisions of Sections 607 05	02 and 607 1508, Florida Statu	ites, the above	e-named cor	rporation submits this statement for the purpose of	changing	its registered
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							
	Signature, typed or printed name of registered ag			nt signature requ	uired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	KELLEY, BRAD M	☐ DELETE	1.1 TITLE 1.2 NAME			☐ Change	Addition 3
NAME	AAAA LABOLEY LAME						[3
BOW NO OPEN MY 40400 5007			1.3 STREET				ļį
CITY-ST-ZIP TITLE	DOTTONO ONCENTAL 42102	DELETE	1.4 CITY-S	T - ZiP		Change	- I savio
NAME			2.1 TATLE			L_J Change	Addition   C
STREET ADDRESS			2.2 NAME	4000000			
CITY-ST-ZIP				ADDRESS			
TITLE		DELETE	2. 4 CITY - S 3.1 TITLE	11-219		Change	Addition
NAME						L Unange	LI Addition
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDOCCO			
CITY-ST-ZIP			3.4. CITY - S				
TITLE	DELETE 4.1 TIT			1-211		Change	Addition
NAME		_	4, 2 NAME			and committee	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST	1			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME			•-	_
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 City-\$1	1			
TIFLE		DELETE	6.1 TITL€			☐ Change	Addition
NAME			6.2 NAME			-	ľ
STREET ADDRESS			6.3 STREET	address			
CITY-ST-ZIP			6 CITY-ST				1
44 basani sa	ation the state of	An alternative and a second	-/		0 11 110 0 10 10 10 10 10 10 10 10 10 10		

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 equiver 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.