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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M99964** **(2)**

1. Corporation Name
BLISS-MCKNIGHT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2801 E EMPIRE ST. **P.O. BOX 157** **BLOOMINGTON IL 61702-0157** **US**	**ATTN ROBERT MATHEWSON** **P.O. BOX 157** **BLOOMINGTON IL 61702-0157** **US**

3. Date Incorporated or Qualified: **09/23/1988**
3a. Date of Last Report: **03/04/1996**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **37-1239085** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BLISS, JAMES I.		1.2 NAME		
STREET ADDRESS	2801 E. EMPIRE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON IL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	MCKNIGHT, JOHN J.		2.2 NAME		
STREET ADDRESS	2801 E. EMPIRE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON IL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENJAMIN, DUANE R.		3.2 NAME		
STREET ADDRESS	2801 E EMPIRE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON IL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	V/S/T	☒ Change ☐ Addition
NAME	MATHEWSON, ROBERT E.		4.2 NAME		
STREET ADDRESS	2801 E EMPIRE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON IL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MENTZER, ROBERT E.		5.2 NAME		
STREET ADDRESS	2801 E. EMPIRE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON IL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NAYLOR, DANNY		6.2 NAME		
STREET ADDRESS	2801 E EMPIRE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ Robert Mathewson 2/12/97 301-663-1393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #