SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **239284** **(3)**

1. Corporation Name
GESCO CUTLERY CO., INC.

Principal Place of Business
2131 PARK AVENUE
ORANGE PARK FL 32073
US

Mailing Address
P.O. BOX 517
ORANGE PARK FL 32067-0517

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/09/1960

4. FEI Number
59-0911081
[ ] Applied For
[ ] Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

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 or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
STOKES,G C
2131 PARK AVE.
P O BOX 7067
ORANGE PARK FL 32073

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 section 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: Sept 10, 98
(Typed or Printed Name of Person Signing) (Title of Person Signing) (REQUIRED: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	STOKES, GERALD C		12 NAME	
STREET ADDRESS	2516 E. HOLLY PT. RD.		13 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		14 CITY-ST-ZIP	
TITLE	VPS	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	STOKES, GAYLE L		22 NAME	
STREET ADDRESS	2516 E. HOLLY PT. RD.		23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		24 CITY-ST-ZIP	
TITLE	VPS	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	DUNSFORD, JAN N		32 NAME	
STREET ADDRESS	RIVER ROAD		33 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		34 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	STOKES, EDITH N		42 NAME	
STREET ADDRESS	2516 E. HOLLY PT. RD.		43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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.

SIGNATURE: _____ Sept 10 98 904 264 2434

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