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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # 574511** (2) BERNICE'S, INC. Principal Place of Business Mailing Address 231 SOUTH FLORIDA AVE. 231 SOUTH FLORIDA AVE. LAKELAND FL 33801 LAKELAND FL 33801-4821 3. Date Incorporated or Qualified 3a. Date of Last Report 07/01/1978 02/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1838241 Not Applicable 21 26 Suita Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Country Z_{10} Country Zip 8. This corporation has liability for intangible tax under \$, 199.032, Yes No 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CLEGHORN, BERNICE \$. 231 SOUTH FLORIDA AVE. Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 63 84 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 Signature: typed or printed name of ragistered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PTD DELETE Change Addition TITLE 1.1 TITLE CLEGHORN, BERNICE S. NAME 12 NAME 2626 NEVADA ROAD STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY-ST-7IP 1.4 CITY - ST - ZIP VP DELETE Change Addition 2.1 TITLE TITLE HIGH, SADIE L. 22 NAME NAME 713 N. NEW YORK AVE. STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 2. 4 CITY-ST-ZIP CHTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CLEGHORN, JACK NAME 3.2 NAME 1904 DELCREST PL. 3.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 3.4. CITY-ST-ZIP CHTY - ST - ZIP DELETE Change Addition AS 4 1 TITLE TITLE MOORE, HENRIETTA (ASS'T) 4. 2 NAME NAME 11 IMPERAIL DR. STREET ADDRESS 4.3 STREET ADDRESS LAKELAND FL 4 4 CITY-ST-ZIP CITY - ST - ZIP □ DELETE 51 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 13 1997 8:00am

(96/6)