

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001833 (0)
 1. Corporation Name
CONSO PRODUCTS COMPANY



Principal Place of Business 513 N DUNCAN BYPASS UNION SC 29379 US	Mailing Address PO BOX 326 UNION SC 29379
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1996	
21	22	26	27	4. FEI Number 57-0986680	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		Zip	
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 agent and title if applicable) (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	<input 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 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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTELL, GILBERT G	4.2 NAME	
STREET ADDRESS	513 N DUNCAN BYPASS	4.3 STREET ADDRESS	
CITY-ST-ZIP	UNION SC 29379	4.4 CITY-ST-ZIP	
TITLE	CAO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECHANT, DAVID B	5.2 NAME	
STREET ADDRESS	513 N DUNCAN BYPASS	5.3 STREET ADDRESS	
CITY-ST-ZIP	UNION SC 29379	5.4 CITY-ST-ZIP	
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.

SIGNATURE _____ DATE **4/15/98** 864-427-9004

CR2E034 (10/97)