

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90026 045 ***150.00

DOCUMENT # F96000001833

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

57-0986680

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 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

TITLE	DC	<input type="checkbox"/> DELETE
NAME	FINDLAY, J CARY	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	
TITLE	CEOP	<input checked="" type="checkbox"/> DELETE
NAME	SOUTHERLAND, S DUANE JR	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	FINDLAY, KONSTANCE J K	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	
TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	BARTELL, GILBERT G	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	
TITLE	CAO	<input checked="" type="checkbox"/> DELETE
NAME	DECHANT, DAVID B	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	
TITLE	COOV	<input type="checkbox"/> DELETE
NAME	STEWART, WILLIAM M	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ZONIN, RICHARD A.	
4.3 STREET ADDRESS	513 N DUNCAN BYPASS	
4.4 CITY-ST-ZIP	UNION SC 29379	
5.1 TITLE	CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHRISTENSEN, RICK	
5.3 STREET ADDRESS	513 N DUNCAN BYPASS	
5.4 CITY-ST-ZIP	UNION SC 29379	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)