

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90014 047 ***150.00

DOCUMENT # F97000002701

1. Corporation Name
BEAR CREEK STORES, INC.

Principal Place of Business
2518 S PACIFIC HWY
MEDFORD OR 97501

Mailing Address
2518 S PACIFIC HWY
MEDFORD OR 97501



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number
93-1156652

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 712 - ATTN: TAX DEPT
Medford, OR 97501

23 City & State

27 City & State

24 Zip

Country

29 Zip

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

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

84 City

Tallahassee

FL

85 Zip Code
32301

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.

Karen B. Rozar, As Its Agent

SIGNATURE

2-25-99

(Signature, typed or printed name of registered agent and title is applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD
NAME WILLIAMS, WILLIAM H
STREET ADDRESS 2518 S PACIFIC HWY
CITY-ST-ZIP MEDFORD OR

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME GOODING, DALE H
STREET ADDRESS 2518 S PACIFIC HWY
CITY-ST-ZIP MEDFORD OR

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VT ☐ DELETE
NAME DAILY, JOHN C
STREET ADDRESS 2518 S PACIFIC HWY
CITY-ST-ZIP MEDFORD OR

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Dailey, John C.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME BECK, EDWARD W
STREET ADDRESS 2518 S PACIFIC HWY
CITY-ST-ZIP MEDFORD OR

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 444 MARKET STREET
4.4 CITY-ST-ZIP San Francisco, CA

TITLE D ☐ DELETE
NAME TAIT, NANCY L
STREET ADDRESS 2518 S PACIFIC HWY
CITY-ST-ZIP MEDFORD OR

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ORR, CHARLES L
STREET ADDRESS 444 MARKET STREET
CITY-ST-ZIP SAN FRANCISCO CA

6.1 TITLE ☐ Change ☐ 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

3-3-99
Date

(541) 864-2116
Daytime Phone #

CR2E034 (11/98)