Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90058 044 ***150.00

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

DOCUMENT # H28818

1. Corporation	Name NL BEVERAGE SCREEN PR	IINTERS, INC.	,					
Principal Place of Business Mailing Address							67617 67677 91	(21) 2:211 (22)
609 E. MAIN ST. 609 E. MAIN ST.								
WILLISTON SC 33309 US WILLISTON SC 33309 US						DO NOT WRITE IN THIS S	SPACE	
US		US				3. Date Incorporated or Qualifed	<u> </u>	
						11/06/1984		
2. Principal Pr	ace of Business	2a. Mailing Address				4. FEI Number		plied For
21	`	26 ,				59-2459529		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27						<u> </u>
City & State	•	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
23 Zip	Country	Zip	Co	ountry		8. This corporation owes the current year Inta		
24	25	29	30	•				⊠No _
	9. Name and Address of Curren					10. Name and Address of New Registered A	gent	
1251	V A VELLY			81	Name			
KELLY & KELLY				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
3020 N FEDERAL HWY BLDG 11-2ND FL								
, FT LAUDERDALE FL 33306			83					
FIL	MUDEUDALE LE 33300			84	City	FL	85 Zip C	Code
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505	vas authoriz 5, Florida St	ed by atutes	the corporation.	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	hanging its iment as reg	registered gistered
	Signature, typed or printed name of registered age	ent and title if applicable ND DIRECTORS	(NOTE: Register		nt signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	P	DELET		TITLE		ADDITIONS/OFFICE TO STATE OF THE	☐ Change	Addition
NAME	ROBERSON, WILLIAM			NAME				
STREET ADDRESS	609 E MAIN ST				ADDRESS			}
	WILLISTON SC			CITY-S'				
CITY-ST-ZIP	ST	☐ DELET		TITLE	1-211		Change	☐ Addition
NAME	ROBERSON, VIRGINIA F		2.2	NAME				
STREET ADDRESS	609 E MAIN ST		2.3	STREET	TADDRESS			•
CITY-ST-ZIP	WILLISTON SC	•	2.4	CITY-S	ST-ZIP		_	
TITLE		☐ DELET		TITLE			☐ Change	☐ Addition
NAME			32	NAME				Ì
STREET ADDRESS			3,3	STREET	TADDRESS			
CITY-ST-ZIP			3.4	. CITY-S	ST-ZIP			
TITLE		☐ DELET	E 4.1	TITLE		•	☐ Change	☐ Addition
NAME			4. 3	2 NAME				
STREET ADDRESS			4.3	STREET	T ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE	· — · · · · · · · · · · · · · · · · · ·	DELE?	- 1	TITLE			Change	Addition
NAME				NAME				
STREET ADDRESS	, ,				r address			
CITY-ST-ZIP				CITY-S	T-ZIP	Taken and the second se	Change	Addition
TITLE	A STATE OF THE STA	☐ DELE	6.1	TITLE	ا د أرود سمعات	the first the water of the state of the stat	Change	Y AUGUST

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS