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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H64676

(0)

FILED Feb 11 1997 8:00am Secretary of State

SOST PRODUCTS, INC. Principal Place of Business RT. 3, BOX 285 LAKE BUTLER FL 32054 Mailing Address MRT. 3. BOX 285 LAKE BUTLER FL 32054						
				 Date Incorporated or Qualified 07/02/1985 	3a. Date of Last R 04/17/1996	Report
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number		oplied For
21		26		59-2548095		ot Applicable
Suite, Apt	. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional aquired
City & Sta	ie .	City & State		6. Election Campaign Financing	······································	May Be
23		28		Trust Fund Contribution		may be to Fees
Zip	Country	Zıp	Country	8. This corporation has liability fo	····	
24	25	29	30		Yes No	
,	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New F	legistered Agent	
	CKEY, OWEN L JR		81 Name			
	NORTH MAIN STREET		82 Street	dress (P.O. Box Number is Not Acceptable)		
LAE	BELLE FL 33935		83			
			63			
			84 City		FL 65 Zip	Code
11 Purculant	to the provisions of Sections 607	0502 and 607 1508 Florida Statu	tes the shove-named	corporation submits this statement for the	, , , , , , , ,	te registered
office or	registered agent, or both, in the St	tate of Florida. Such change was	authorized by the cor	poration's board of directors. I hereby acc	ept the appointment as	registered
office or agent. I a SIGNATURE	Signature, typed or ported name of registered	tate of Florida. Such change was bligations of, Section 607.0505, F	authorized by the cor lorida Statutes. TE: Registered Agent signatur	poration's board of directors. I hereby acc	ept the appointment as	registered
office or agent. I a SIGNATURE	Stgrature, typed or ported name of registered OFFICERS	tate of Florida. Such change was bligations of, Section 607,0505, F	authorized by the corlorida Statutes. TE: Registered Agent signature 13.	poration's board of directors. I hereby acc e required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	registered
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office or agent. It SIGNATURE 12. TRIE NAME	Signature: typed or perten name of registered OFFICERS VP SOST, PATRICIA A.	tate of Florida. Such change was bligations of, Section 607,0505, F	authorized by the corlorida Statutes. 1E. Registered Agent signature 13. 1.1 TITLE 1.2 NAME	e required when reinstating) ADDITIONS/CHANGES TO OFF	DATE CICERS AND DIRECTOR Chance	registered
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office or agent. I is SIGNATURE 12. THE NAME STREET ADDRESS CITY ST - ZIP TITLE	Stgcalure: typed or perfect runse of registerer OFFICERS VP SOST, PATRICIA A. RT 3 BOX 285 LAKE BUTLER FL VP	tate of Florida. Such change was bligations of, Section 607,0505, Florida and title Lapplicable (NO AND DIRECTORS DELETE	authorized by the corlorida Statutes. IE Registered Agert signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	e required when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTOR Change	RS IN 12
office or agont. I a signature. 12. Three name street address days ST-Zip	Stgrature, typed or perfect rame of registerer OFFICERS VP SOST, PATRICIA A. RT 3 BOX 285 LAKE BUTLER FL	tate of Florida. Such change was bligations of, Section 607,0505, Florida and title Lapplicable (NO AND DIRECTORS DELETE	authorized by the corlorida Statutes. 1E. Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	e required when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTOR Change	RS IN 12
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office or agent. I is SIGNATURE 12. THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE	OFFICERS VP SOST, PATRICIA A. RT 3 BOX 285 LAKE BUTLER FL VP SOST, KATHLEEN A. RT 3 BOX 285 LAKE BUTLER FL T LISTON, CHARLENE F. RT 3 BOX 285	tate of Florida. Such change was bligations of, Section 607,0505, Florida agent and tilk-diapplicable (NO AND DIRECTORS DELETE	authorized by the corlorida Statutes. IE. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	e required when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTOR Change	RS IN 12 Addition
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Lam 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 13 if changed, or on an attachment with an address.