

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K05253 (5)

1. Corporation Name

BEARS GAP FOLIAGE, INC.



Principal Place of Business

Mailing Address

PO BOX 771211  
WINTER GARDEN FL 34777  
US

P. O. BOX 771211  
WINTER GARDEN FL 34777

2. Principal Place of Business

2a. Mailing Address

21 17215 C.R. 50

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 WINTER GARDEN FL

28

Zip

Country

Zip

Country

24 34787

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINLEY, MICHAEL L.  
17215 OLD HIGHWAY 50  
WINTER GARDEN FL 34777

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 his application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | PD                    | <input type="checkbox"/> DELETE |
| NAME            | MCKINLEY, MICHAEL L   |                                 |
| STREET ADDRESS  | 1345 WINTER GREEN WAY |                                 |
| CITY - ST - ZIP | WINTER GARDEN FL      |                                 |
| TITLE           | STD                   | <input type="checkbox"/> DELETE |
| NAME            | MCKINLEY, RHONDA R    |                                 |
| STREET ADDRESS  | 1345 WINTER GREEN WAY |                                 |
| CITY - ST - ZIP | WINTER GARDEN FL      |                                 |
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | WARREN, DAVID E       |                                 |
| STREET ADDRESS  | 1403 NEVADA AVE       |                                 |
| CITY - ST - ZIP | ORLANDO FL            |                                 |
| TITLE           |                       | <input type="checkbox"/> DELETE |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> DELETE |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> DELETE |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael McKinley RHONDA MCKINLEY

01-18-96

407 877 7750

Date

Daytime Phone #

CR2E034 (12/95)