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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90127 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K05253

1. Corporation Name

BEARS GAP FOLIAGE, INC.

Principal Place of Business

 17215 CR 50
 WINTER GARDEN FL 34787
 US

Mailing Address

 P. O. BOX 771211
 WINTER GARDEN FL 34777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1987

4. FEI Number

59-2860853

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **MCKINLEY RHONDA W.**

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

83 **17215 OLD HIGHWAY 50**84 City **WINTER GARDEN, FL. 34777**85 Zip Code **FL**

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 **RHONDA W MCKINLEY**

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCKINLEY, MICHAEL L	
STREET ADDRESS	1345 WINTER GREEN WAY	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	STD	<input checked="" 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCKINLEY RHONDA W	
1.3 STREET ADDRESS	1345 WINTER GREENWAY	
1.4 CITY-ST-ZIP	WINTER GARDEN FL. 34777	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARGARET ANN WARREN	
2.3 STREET ADDRESS	1403 NEVADA AVE	
2.4 CITY-ST-ZIP	ORLANDO, FL. 32809	
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 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

RHONDA W MCKINLEY

Date

Daytime Phone #

CR2E034 (11/98)