

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

FILED

May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Workman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L84393** (2)
1. Corporation Name
COSNER MFG., CO.

Principal Place of Business
**511 N. SCENIC HWY.
LAKE WALES FL 33853
US**

Mailing Address
**P.O. BOX 152
LAKE WALES FL 33859-0152
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0201432	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NELMS, FLORENCE 836 SOUTH LAKE STAR BOULEVARD LAKE WALES FL 33853		10. Name and Address of New Registered Agent	
81	Name	Michelle P. Upchurch	
82	Street Address (P.O. Box Number is Not Acceptable)	519 N. SCENIC HWY.	
83			
84	City	LAKE WALES	85 Zip Code 33853

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 *Bob T. Thruke* *Michelle W. Upchurch* 4/3/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELMS, FLORENCE	1.2 NAME	Donald Waterman
STREET ADDRESS	836 SOUTH LAKE STAR BLVD	1.3 STREET ADDRESS	201 Millisap St. #7
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	Bristol, VA 24201
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONAKER, BOB	2.2 NAME	
STREET ADDRESS	235 6TH ST NWQ	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Elizabeth Waterman
STREET ADDRESS		3.3 STREET ADDRESS	22272 Flame Leaf Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bristol, VA 24202
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Michelle Denise Upchurch
STREET ADDRESS		4.3 STREET ADDRESS	1420 Lake view Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lake Wales, FL 33853
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Bob T. Thruke* 4/3/98 941-676-2579

CR2E034 (10/97)