

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P94000049614 (8)**

1. Corporation Name

BEARTOOTH PASS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6048 W. BROMLEY CIRCLE CRYSTAL RIVER FL 34429	6048 W. BROMLEY CIRCLE CRYSTAL RIVER FL 34429

3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last Report
4. FEI Number 59-3253844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2043 W. RENNET CT. Suite, Apt. #, etc	26 P.O. Box 1992 Suite, Apt. #, etc.
22 City & State LECANTO, FL	27 City & State HOMOSASSA SPRINGS, FL
23 Zip 34461	24 Zip 34447
25 Country US	28 Country US

9. Name and Address of Current Registered Agent

KNAUS, JUDITH K  
6048 W. BROMLEY CIRCLE  
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

01 Name	02 Street Address (P.O. Box Number is Not Acceptable)	03	04 City	05 State	06 Zip Code
	2043 W. RENNET CT		LECANTO	FL	34461

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 title, applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KNAUS, JOHN W
STREET ADDRESS	6048 W. BROMLEY CIRCLE
CITY - ST - ZIP	CRYSTAL RIVER FL 34429
TITLE	D
NAME	KNAUS, JUDITH K
STREET ADDRESS	6048 W. BROMLEY CIRCLE
CITY - ST - ZIP	CRYSTAL RIVER FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/VP/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	2043 W. RENNET CT	
14 CITY - ST - ZIP	LECANTO, FL 34461	
21 TITLE	D/PS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	2043 W. RENNET CT	
24 CITY - ST - ZIP	LECANTO, FL 34461	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 and changed, or on an attachment with an address.

SIGNATURE: *Judith K. Knaus* JUDITH K. KNAUS 8/1/95 904-618-4145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR