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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000019870 (0)

1. Corporation Name
HICKORY KNOLL OUTDOOR PRODUCTS, INC.

Principal Place of Business	Mailing Address
QUARTERS T.T. MUSTIN ROAD N.A.S. JACKSONVILLE FL 32212	QUARTERS T.T. MUSTIN ROAD N.A.S. JACKSONVILLE FL 32212

3. Date Incorporated or Qualified: 02/29/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: Quarters T.T. Mustin Rd
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, FL
24: Zip: 32212
25: Country: USA

2a. Mailing Address
26: P.O. Box 31292
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, FL.
29: Zip: 32230
30: Country: USA

4. FEI Number: 59-3365357 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEWART, W B
QUARTERS T.T. MUSTIN ROAD
N.A.S.
JACKSONVILLE FL 32212

10. Name and Address of New Registered Agent

81 Name: W. B. Stewart
82 Street Address (P.O. Box Number is Not Acceptable): Quarters T.T. Mustin Rd
83
84 City: Jacksonville FL 85 Zip Code: 32212

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] 4-11-97
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, W B		1.2 NAME		
STREET ADDRESS	QUARTERS T.T. MUSTIN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32212		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, JULIA W		2.2 NAME		
STREET ADDRESS	QUARTERS T.T. MUSTIN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32212		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME			3.2 NAME	W. J. Stewart	
STREET ADDRESS			3.3 STREET ADDRESS	606 Maskhams Dr.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Mobile, AL 36609	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature]