


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

FILED

Apr 14 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000067868 (5)

1. Corporation Name

MOLLY BEAR ENTERPRISES, INC.



|  |  |
|--|--|
| Principal Place of Business<br>5122 HIGH POINTE DR<br>PENSACOLA FL 32505 | Mailing Address<br>5122 HIGH POINTE DR<br>PENSACOLA FL 32505 |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. Principal Place of Business<br>21 136 N. Dougherty St<br>Suite, Apt. #, etc.<br>22 City & State<br>23 Black Mountain NC<br>24 Zip 28711 25 Country USA |  | 2a. Mailing Address<br>26 136 N. Dougherty St<br>Suite, Apt. #, etc.<br>27 City & State<br>28 Black Mountain, NC<br>29 Zip 28711 30 Country USA |  | 3. Date Incorporated or Qualified<br>08/12/1996   |  |
|   |  |   |  | 4. FEI Number<br>59-3392058   |  |
|   |  |   |  | 5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>LINDBERG, CRAIG A<br>5122 HIGH POINTE DR<br>PENSACOLA FL 32505 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 # 211<br>84 City<br>85 Zip Code |  |  |  |
|   |  |  |  | Herbert T Elliott<br>5979 Winkler Road<br>Fort Meyers FL 33919   |  |  |  |

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 Herbert T Elliott Herbert T. Elliott 4/7/98

|                            |                     |      |                    |   |                          |          |  |
|----------------------------|---------------------|------|--------------------|---|--------------------------|----------|--|
| 12. OFFICERS AND DIRECTORS |                     |      |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          |          |  |
| TITLE                      | D                   | NAME | LINDBERG, CRAIG A  | 1.1 TITLE   |                          | 1.2 NAME |  |
| STREET ADDRESS             | 5122 HIGH POINTE DR |      |                    | 1.3 STREET ADDRESS                                    | 136 N. Dougherty St      |          |  |
| CITY-ST-ZIP                | PENSACOLA FL 32505  |      |                    | 1.4 CITY-ST-ZIP                                       | Black Mountain, NC 28711 |          |  |
| TITLE                      | D                   | NAME | LINDBERG, MARGIE L | 2.1 TITLE   |                          | 2.2 NAME |  |
| STREET ADDRESS             | 5122 HIGH POINTE DR |      |                    | 2.3 STREET ADDRESS                                    | 136 N. Dougherty St      |          |  |
| CITY-ST-ZIP                | PENSACOLA FL 32505  |      |                    | 2.4 CITY-ST-ZIP                                       | Black Mountain, NC 28711 |          |  |
| TITLE                      |                     | NAME |                    | 3.1 TITLE   |                          | 3.2 NAME |  |
| STREET ADDRESS             |                     |      |                    | 3.3 STREET ADDRESS                                    |                          |          |  |
| CITY-ST-ZIP                |                     |      |                    | 3.4 CITY-ST-ZIP                                       |                          |          |  |
| TITLE                      |                     | NAME |                    | 4.1 TITLE   |                          | 4.2 NAME |  |
| STREET ADDRESS             |                     |      |                    | 4.3 STREET ADDRESS                                    |                          |          |  |
| CITY-ST-ZIP                |                     |      |                    | 4.4 CITY-ST-ZIP                                       |                          |          |  |
| TITLE                      |                     | NAME |                    | 5.1 TITLE   |                          | 5.2 NAME |  |
| STREET ADDRESS             |                     |      |                    | 5.3 STREET ADDRESS                                    |                          |          |  |
| CITY-ST-ZIP                |                     |      |                    | 5.4 CITY-ST-ZIP                                       |                          |          |  |
| TITLE                      |                     | NAME |                    | 6.1 TITLE   |                          | 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 biennial 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: Craig A. Lindberg 2/25/98 (704) 629-5991

CR2E034 (10/97)