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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000072200 (4)

BEAR MOUNTAIN CUTLERY, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 11 1997 8:00am Secretary of State



rte. 7, Box 5138 Tallahassee Fl 32308		HTE. 7, BOX 5138 TALLAHASSEE FL 32308-9802				
				3. Date Incorporated or Qualified 08/29/1996	3a. Date of Last Report	
	acc of Business	2a. Mailing Address	1000	4. FEI Number	Applied I	
	BIND PI Dr	26 P.O.BOX	13209	59-3404284	Not Appl	
Stite, Apt. #, etc. Suite, Apt. #, etc. 27				Certificate of Status Desired     \$8.75 Addition     Fee Required		
City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
7ip 24 <b>3</b> み3(	Country 25 Lesso	Zip 29 33317	Country 30 Leon	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.0 ] Yes = [] No	)32,
	9. Name and Address of Currer			10. Name and Address of New Re	sistered Agent	
RTE	RMACK, TOD L 5. 7, BOX 513B LAHASSEE FL 32308		82 Street Ado	tress (P.O. Bey Number is Not Acceptable 5 3 No. 18 17 17	ek aeplor	
			84 City	Mahassee	FL 85 Zip Code	
office or re agont. Lar	egistored agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its regis at the appointment as registe 4. 9-94	stered ered
SIGNATURE	Signature, typed or profest name of registered ago		ITE. Registered Agent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
THIEF	D	☐ DELETE	1.1 TITLE		Change /	Addition
NAME	WARMACK, TOD L		1.2 NAME			
STREET ADORESS	RTE. 7, BOX 513B	•	1.3 STREET ADDRESS	•		
CHY 51 741	TALLAHASSEE FL 32308	חמונזי	1.4 CITY - ST - ZIP		Change []	Addition
1 II.f	D MCCORMICK, WILFORD	DELETE	2.1 TITLE		L. Change L. J	NUOLION
NAM?			2.2 NAME			
STREET ADÓRESS	6807 TAMRA LANE JACKSONVILLE FL 32216		2 3 STREET ADDRESS			
CHY-ST ZIF TIFE	D JACKSUNVILLE FL 32210	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change /	Add-tion
NAM!	STOCKS, RICHARD W	FT bettie	32 NAME		En our do Fin /	MO-HOH
STREET ADORESS	202 JOHNS DRIVE # 3		3.3 STREET ADDRESS			
City-St-2if	TALLAHASSEE FL 32301		3.4 CITY - ST - ZIP			
THIE THE		☐ DELETE	4.1 TITLE		Change/	Addition
NAM[			4 2 NAME			
STREET ADDRESS			43 STREET ADDRESS			
CHY - \$1 - 20°			4.4 City - St - ZiP			
1911		DELETE	51 TITLE	1:	☐ Change ☐ /	Addition
NAME			52 NAME			
STREET ADORESS			53 STREET ADDRESS			
00Y-SI-ZP			5.4 CITY-ST-ZIP			
Tifle		DELÉTE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS	<u>.</u>		
Clar-21 An			6.4 CITY-ST-ZIP			
10 101 (1			■ 0.4 (01) Q1 kii	1: 5 1 440 05/01/2 Ft. U. O		

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

