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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000072200** (4)

BEAR MOUNTAIN CUTLERY, INC.

## FILED Jan 22 1998 8:00am Secretary of State



				{	IAF WORFA CORIN ANDRO PROPIL OFFICE GOLD HOUSE
Principal Place of Business Mailing Address					
2836 BIND PL DR PO BOX 13209					
TALLAHASSEE FL 32301		TALLAHASSEE FL 32317 US		DO NOT WRITE IN THIS SPACE	
] 00		•		3. Date Incorporated or Qualified	
]				08/29/1996	
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		59-3404284	Not Applicable
		Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	6. This corporation owes or has pai	
24	25		<u>ol</u>	Personal Property Tax due June	30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	ACK, TOD L		81 Name R	CHARD W. STOCKS	
2836B INDUSTRIAL PL DR			82 Street Ada		(e)
TALLAHASSEE FL 32301				JE JUMNS DIJ.	
			83		
			84 City A	ANACCET	85 Zip Code
			1641	LLAHASSEE	FL   3230
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 assets 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					
office or registered agent, or both, in the State of Ricci da 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 ( 1/14/98					
	ture, typed or primed name of registerid agen OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	ADDITIONAL TO CITIE	Change Addition
1 11722	WARMACK, TOD L		1.2 NAME		- ,   –
	RTE. 7, BOX 513B		1.3 STREET ADDRESS		
• • • • • • • • • • • • • • • • • • •	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP		
Q111 01 Em 1	0	DELETE	21 TITLE		Change Addition
	MCCORMICK, WILFORD	_	2.2 NAME		·
	8807 TAMRA LANE		2.3 STREET ADDRESS		
0	JACKSONVILLE FL 32216		2 4 CITY-ST-ZIP		
Q171 O7 E17	0	DELETE	3.1 TITLE		Change Addition
	STOCKS, RICHARD W	<del>_</del>	3.2 NAME		
	202 JOHNS DRIVE		3.3 STREET ADDRESS		ļ
	TALLAHASSEE FL 32301		3.4. CITY - ST - ZIP		
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		l
TITLE		DELETE	51 TIILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		j
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELE <b>te</b>	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		ł
CITY-ST-ZIP			64 CITY-SY-ZIP		
VIII VI VII					

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 trusted 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, on an attachment with an address.

Mulga

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