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

CITY - ST - ZIP

STREET ADDRESS

SIGNATURE:

TITLE

FILED Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000090488 (3) DOCUMENT # BERNIE COOK PRODUCTS, INC. Principal Place of Business Mailing Address 206 LAKE HARRIS DRIVE 206 LAKE HARRIS DRIVE LAKELAND FL 33813 LAKELAND FL 33813 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1996 4. FEI Number 2. Principal Place of Business Applied For 2a. Mailing Address Suite, Apr , etc. MABO APPLIED FOR Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zin Zip Personal Property Tax due June 30. 29 24 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COOK, BERNARD M. 206 LAKE HARRIS DRIVE Street Address (P.O. Box Number is Not Acceptable) **B2** LAKELAND FL 33813 83 84 City Zip Code 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, typod or printed runne of registered agent and little if applicable (NOTE: Registered Agent aignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE COOK, BERNARD M 12 NAME NAME 6602 BROKEN ARROW TR 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3 1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

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amual report is true and accord or trustee empowered to ment with an apdress.

14. I hereby certify that the information supplied with the hing does not qualify indicated on this annual report or supplied with the final report is true and ac officer or director of the corporation or the receiver or trustee empreyered to Block 12 or Block 13 if chapadd, or on an attacliment with an ardress.

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

rate and that my signature shall have the same legal effect as if made under oath; that I am an people his report as required by Chapter 607, Figrida Statules; and that my name appears in

exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information

Change

Addition