

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

FILED  
Jan 20 1998 8:00am  
Secretary of State

DOCUMENT # P96000103376 (5)

1. Corporation Name

BLISS MCKNIGHT OF FLORIDA, INC.



Principal Place of Business  
2801 EAST EMPIRE STREET  
P.O. BOX 157  
BLOOMINGTON IL 61702-0157

Mailing Address  
ATTN: ROBERT MATHEWSON  
P.O. BOX 157  
BLOOMINGTON IL 61702-0157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

36-4157335

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BLISS, JAMES I  
STREET ADDRESS 2801 EAST EMPIRE STREET  
CITY-ST-ZIP BLOOMINGTON IL 61704

TITLE EVPD ☐ DELETE

NAME MCKNIGHT, JOHN J  
STREET ADDRESS 2801 EAST EMPIRE STREET  
CITY-ST-ZIP BLOOMINGTON IL 61704

TITLE VPST ☐ DELETE

NAME MATHEWSON, ROBERT E  
STREET ADDRESS 2801 EAST EMPIRE STREET  
CITY-ST-ZIP BLOOMINGTON IL 61704

TITLE VP ☐ DELETE

NAME MENTZER, ROBERT E  
STREET ADDRESS 2801 EAST EMPIRE STREET  
CITY-ST-ZIP BLOOMINGTON IL 61704

TITLE VP ☐ DELETE

NAME NAYLOR, DAN  
STREET ADDRESS 2801 EAST EMPIRE STREET  
CITY-ST-ZIP BLOOMINGTON IL 61704

TITLE AVP ☐ DELETE

NAME SHEPARD, ROBERT W  
STREET ADDRESS 2801 EAST EMPIRE STREET  
CITY-ST-ZIP BLOOMINGTON IL 61704

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 in an attachment with an address.

SIGNATURE

4 1998

209-113-1392

CR2E034 (10/97)