FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # V46211 (1)

1. Corporation Name
FOUR KENTUCKY BEES, INC.

Principal Place of Business	Mailing Address
~~6830 CENTRAL AVENUE~~ ~~SUITE D~~ ~~ST. PETERSBURG FL 33707~~	~~6830 CENTRAL AVENUE~~ ~~SUITE D~~ ~~ST. PETERSBURG FL 33707~~

3. Date Incorporated or Qualified: 06/22/1992
3a. Date of Last Report: 04/13/1995

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 47565	26 P.O. Box 47565
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip 24 33743 / Country 25	Zip 29 33743 / Country 30

4. FEI Number: 59-3191996 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BALLOU, RAYMOND L.~~ ~~STE D~~ ~~6830 CENTRAL AVE.~~ ~~ST. PETE FL 33707~~ 511 Sandy Hook Road Treasure Island, FL 33706	81 Name 82 Street (P.O. Box is Not Acceptable) 511 Sandy Hook Road 83 84 Treasure Island FL 85 Zip Code 33706

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 _____ 4-8-96
Signature, typed or printed name of registered agent (if filing by mail) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BALLOU, RAYMOND L. ~~6830 CENTRAL AVE, STE D~~ ~~ST. PETE FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	511 SANDY HOOK RD ☒ Change ☐ Addition TREASURE ISLAND FL 33706 P.O. Box 47565 St. Petersburg, FL 33743
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT BALLOU, MICHAEL R. ~~6830 CENTRAL AVE, STE D~~ ~~ST. PETE FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 47565 St. Petersburg, FL 33743 NA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS BALLOU, LANA Y. ~~6830 CENTRAL AVE, STE D~~ ~~ST. PETE FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 47565 St. Petersburg, FL 33743 NA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	800001804286 ☐ Change ☐ Addition -05/02/96--01015--006 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: _____ R. L. BALLOU 4-8-96 (813)363-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #