

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

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V46211 (1)**

1. Corporation Name  
**FOUR KENTUCKY BEES, INC.**

Principal Place of Business  
**P.O. BOX 47565**  
**ST. PETERSBURG FL 33743**

Mailing Address  
**P.O. BOX 47565**  
**ST. PETERSBURG FL 33743-7565**



3. Date Incorporated or Qualified **06/22/1992** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3191996</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		29 Country		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BALLOU, RAYMOND L.</b> <b>511 SANDY HOOK RD.</b> <b>TREASURE ISLAND FL 33706</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BALLOU, RAYMOND L.</b>			1.2 NAME	<b>BALLOU, RAYMOND L.</b>		
STREET ADDRESS	<b>511 SANDY HOOK RD.</b>			1.3 STREET ADDRESS	<b>511 SANDY HOOK RD.</b>		
CITY - ST - ZIP	<b>ST. PETE FL</b>			1.4 CITY - ST - ZIP	<b>ST. PETE, FL</b>		
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BALLOU, MICHAEL R.</b>			2.2 NAME			
STREET ADDRESS	<b>P.O. BOX 47565 N/A</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33743</b>			2.4 CITY - ST - ZIP			
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BALLOU, LANA Y.</b>			3.2 NAME	<b>BALLOU, LANA Y.</b>		
STREET ADDRESS	<b>P.O. BOX 47565 N/A</b>			3.3 STREET ADDRESS	<b>P.O. BOX 47565 4/P</b>		
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33743</b>			3.4 CITY - ST - ZIP	<b>ST. PETERSBURG, FL 33743</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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 appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:  **Raymond L. Ballou** 4-10-97 813/363-8120

CR2E034 (9/96)