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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

•	1999 DIVISION OF CORPORATIONS				03-29-1999 90074 026 ***150.00		
DOCUM 1. Corporation	MENT # P02679	9					
•	BLISHING COMPANY, INC						
Principal Place	of Business	N	Mailing Address				
118 SOUTH EIG		118 SOUTH EIGHTH STREET					
INDEPENDENCE KS 67301			INDEPENDENCE KS 67301				A A MARTINISTE NI TINO OPAGE
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
							07/11/1984
2 Principal Pl	are of Business	2:	a. Mailing Address			·	4. FEI Number Applied For
2. Principal Place of Business			26				48-0772797 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			y	\$8.75 Additional
22		27	}				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				ountry 8. This corporation owes the current year Intangible		
24	25	29		30			Personal Property Tax.
	9. Name and Address of Curre	ent Reg	istered Agent		81	Name	10. Name and Address of New Registered Agent
CT C	ORPORATION SYSTEM				Щ		
1200 S. PINE ISLAND ROAD					82	Street Ad	Address (P.O. Box Number is Not Acceptable)
PLAN	ITATION FL 33324	83					
					Ш		
					84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and	607.1508, Florida Statutes	s, the al	bove-	-named co	corporation submits this statement for the numose of changing its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Flor	rida. Such change was auf	thorized	l bv t	he corpora	oration's board of directors. I hereby accept the appointment as registered
_	mighting wat, and accept the oblig	juliono e	,, 000.001, 007,100.00, 71.01				
SIGNATURE	Signature, typed or printed name of registered ag	jent and titl	le if applicable. (NOTE: F	Registered	Agent	signature requ	equired when reinstating) DATE
12.	OFFICERS A	ND DIR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	PD		☐ DELETE	1.1 TI			
NAME	BRYANT, ROBERT MARK			1.2 NA			
STREET ADDRESS	RT. 4 BOX 3 INDEPENDENCE KS					ADDRESS	
CITY-ST-ZIP TITLE	VISD		☐ DELETE	2.1 TI	TY-ST-	· ZIP	☐ Change ☐ Addition
NAME	BRYANT, ANNE MARIE			2.2 NA			
STREET ADDRESS	54 WOODBINE RD.					ADDRESS	
CITY-ST-ZIP	NEW YORK NY		- •		ITY-ST		
TITLE	VD		☐ DELETE	3.1 TI	ΠE		☐ Change ☐ Addition
NAME	BRYANT, ANNE MARIE			3.2 NA	WE.		
STREET ADDRESS	54 WOODBINE ROAD			3.3 ST	REET,	ADDRESS	
CITY-ST-ZIP	NEW YORK NY			3.4. C	ITY-ST	-ZIP	
TITLE			☐ DELETE	4.1 17	ĽΕ	}	☐ Change ☐ Addition
NAME				4. 2 N		ļ	
STREET ADDRESS			1			ADDRESS	•
CITY-ST-ZIP			C Selete		TY-ST	-ZIP	Change Addition
TITLE '			☐ DELETE	5.1 TF 5.2 NA			Change — Addition
NAME						ADDRESS	•
STREET ADDRESS					TY-ST-		
CITY-ST-ZIP			☐ DELETE	6.1 TI			☐ Change ☐ Addition

CITY-ST-ZIP 14. 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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRÉSS