

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:14

DOCUMENT # **383887** (7)

1. Corporation Name
BAY SPORTSWEAR, INC.

Principal Place of Business Mailing Address
P.O. BOX 15074 - 15074 **P.O. BOX 15074 - 15074**
TAMPA FL 33684 **TAMPA FL 33684**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/14/1971 **05/01/1994**

4. FEI Number Applied For
59-1355409 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. 198.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **4607 N. Lois Ave** 26 **P.O. BOX 15074**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Tampa, Florida** 27 **Tampa, Florida**
City & State City & State
23 **33614** 28 **33684**
Zip Zip
24 **33614** 25 **U.S.A.** 29 **33684** 30 **U.S.A.**
Country Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRELL, JAMES W.
4607 N. LOIS
TAMPA FL

81 Name **Bea Harrell TS**
82 Street Address (P.O. Box Number is Not Acceptable)
4017 W. Comanche Ave
83 **Tampa, Florida 33614**
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 607.0205, Florida Statutes.

SIGNATURE *Bea Harrell*
Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRELL, JAMES W.
STREET ADDRESS	4607 N. LOIS AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	HARRELL, ERICA N
STREET ADDRESS	4607 N. LOIS AVE
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	FERNANDEZ, P., JR. (ASST)
STREET ADDRESS	3906 N. ARMENIA AVE.
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 liquidator 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: *James W. Harrell*
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR