

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 383887 (7)

1. Corporation Name  
**BAY SPORTSWEAR, INC.**



Principal Place of Business  
**4607 N LOIS AVENUE  
TAMPA FL 33614  
US**

Mailing Address  
**P O BOX 15074  
TAMPA FL 33684  
US**

3. Date Incorporated or Qualified: **06/14/1971**  
3a. Date of Last Report: **03/30/1995**  
4. FEI Number: **59-1355409**  
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

21. Principal Place of Business  
22. State, Apt. #, etc.  
23. City & State  
24. Zip  
25. County  
26. Mailing Address  
27. State, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARELL, BEA  
4017 W COMANCHE AVENUE  
TAMPA FL 33614**

81. Name: **J W HARRELL**  
82. Street Address (P.O. Box Number is Not Acceptable):  
**4017 W. Comanche Ave.**  
83. **TAMPA, FLA 33614**  
84. City: **TAMPA, FL** 85. Zip Code: **33614**

11. Pursuant to the provisions of Sections 607.01(2) and 607.1506, 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, Sections 607.01(2), Florida Statutes.

SIGNATURE: **J W HARRELL** *president* **J W Harrell** DATE: **1-19-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<b>PD</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>HARRELL, JAMES W.</b>	12. NAME	
13. STREET ADDRESS	<b>4607 N. LOIS AVENUE</b>	13. STREET ADDRESS	
14. CITY, ST, ZIP	<b>TAMPA FL</b>	14. CITY, ST, ZIP	
15. TITLE	<b>S</b>	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	<b>HARRELL, ERICA N</b>	16. NAME	
17. STREET ADDRESS	<b>4607 N. LOIS AVE</b>	17. STREET ADDRESS	
18. CITY, ST, ZIP	<b>TAMPA FL</b>	18. CITY, ST, ZIP	
19. TITLE	<b>SB</b>	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	<b>FERNANDEZ, P. JR (ASST)</b>	20. NAME	
21. STREET ADDRESS	<b>3906 N. ARMENIA AVE.</b>	21. STREET ADDRESS	
22. CITY, ST, ZIP	<b>TAMPA FL</b>	22. CITY, ST, ZIP	
23. TITLE		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		24. NAME	
25. STREET ADDRESS		25. STREET ADDRESS	
26. CITY, ST, ZIP		26. CITY, ST, ZIP	
27. TITLE		27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		28. NAME	
29. STREET ADDRESS		29. STREET ADDRESS	
30. CITY, ST, ZIP		30. 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 119.07(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 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: **J W HARRELL** *J W Harrell* DATE: **(813) 8870 419**

CR2E034 (12/95)