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

**FILED** Mar 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) H69207 OVER-N-UNDIES, INC. Principal Place of Business Mailing Address 2032 NW 6TH STREET 2032 NW 6TH STREET **GAINESVILLE FL 32809** GAINESVILLE FL 32609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1985 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-2564283 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name CRAWFORD, ANTOINETTE M. 1426 N.W. 25TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32605** 83 84 City 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 registored 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 Signature, typed or printed name of registered agent and title if appricable (NOTE: Registered Agent signature required when reinstaling) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change Addition CRAWFORD, ANTOINETTE M. NAME 12 NAME 1426 N.W. 25 TERR. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-7IP 1.4 CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE CRAWFORD, WALLACE J. 2.2 NAME 1426 N.W. 25 TERR. STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELFTE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Addition

14. I 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 3/23/98 352-371-1756 W. J. CRAWFORD SIGNATURE

61 TITLE

62 NAME 6 3 STREET ADDRESS Change

■ DELETE

TITLE NAME

STREET ADDRESS CITY - ST - ZIP