

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P26444** (0)

1. Corporation Name

WHITE'S BIG & TALL MEN'S SHOP, INC.



Principal Place of Business

Mailing Address

1654 AIRPORT BLVD.
PENSACOLA FL 32504

3900H AIRPORT BLVD.
MOBILE FL 36608

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**WILLIAMS, NORA I.
1654 AIRPORT BLVD
PENSACOLA FL 32504**

3. Date Incorporated or Qualified	3a. Date of Last Report
10/11/1989	04/07/1995
4. FEI Number	Applied For / Not Applicable
63-0995207	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0507 and 607.0508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURE *Nora I. Williams*

NORA I Williams

3-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JOHN C.	12 NAME	
STREET ADDRESS	5717 FOXFIRE RD	13 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MARVINE T.	22 NAME	
STREET ADDRESS	5717 FOXFIRE RD	23 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental financial 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 a trustee or a 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: *John C. White* John C. White

3-15-96 (334) 380-0064

CR2E034 (12/95)