

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 3:12

DOCUMENT # **P94000067809 (1)**

1. Corporation Name
CODY'S MENSWEAR, INC.

Principal Place of Business: **404 N. 17TH STREET FERNANDINA BEACH FL 32034**
Mailing Address: **P.O. BOX 1676 FERNANDINA BEACH FL 32035**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/12/1994** 3a. Date of Last Report: **—**

4. FEI Number: **59-3269860** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$6.75 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

2. Principal Place of Business

21. City & State: **1A S SECOND STREET**

22. City & State: **FERNANDINA BEACH, FL**

23. Zip: **3203A** Country: **FLORIDA**

9. Name and Address of Current Registered Agent

**PHILLIPS, KAY ELLEN
104 N. 17TH STREET
FERNANDINA BEACH FL 32034**

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: _____

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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when no address) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, WILLIAM C	12. NAME	
STREET ADDRESS	104 N. 17TH STREET	13. STREET ADDRESS	
CITY, ST, ZIP	FERNANDINA BEACH FL 32034	14. CITY, ST, ZIP	
TITLE	D	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, KAY ELLEN	22. NAME	
STREET ADDRESS	104 N. 17TH STREET	23. STREET ADDRESS	
CITY, ST, ZIP	FERNANDINA BEACH FL 32034	24. CITY, ST, ZIP	
TITLE		3. 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		4. 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		5. 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		6. 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 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 said 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 as changed, or as an addition with an address.

SIGNATURE: *William C. Wagner* **WILLIAM C. WAGNER, D.** 3-21-95 (909) 201-5000

SIGNATURE AND PRINTED OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER