

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

FILED

**Apr 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S18404 (1)

1. Corporation Name
COTTON PICKIN SHIRTS PLUS, INC.



Principal Place of Business 2211 N. PACE BLVD. PENSACOLA FL 32505 US	Mailing Address 2211 N. PACE BLVD. PENSACOLA FL 32505-5837 US
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified 12/14/1990	3a. Date of Last Report 06/17/1996
4. FEI Number 59-3027099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OBERHAUSEN, LAWRENCE W.
811 E. GREGORY STREET
PENSACOLA FL 32501**

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MAY, WILLIAM E., JR.	
STREET ADDRESS	13948 OLD RIVER ROAD, #1-A	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MAY, LUCINDA W.	
STREET ADDRESS	13948 OLD RIVER ROAD, #1-A	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VM	<input type="checkbox"/> DELETE
NAME	ANDERSON, SAMUEL C JR	
STREET ADDRESS	4212 ROSEBUD CT.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CAMPBELL, CHARLES W JR	
STREET ADDRESS	30299 ONO BLVD.	
CITY-ST-ZIP	ORANGE BCH AL 36561	
TITLE	T	<input type="checkbox"/> DELETE
NAME	YATES, MARK D	
STREET ADDRESS	8735 CRESTBROCK CIR	
CITY-ST-ZIP	CHATTANOOGA TN 37421	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samuel C. Anderson* **3-31-97** **904 435 3133**

CR2E034 (9/96)