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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90002 002 ***158.75

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DOCUMENT # F98000000073

1. Corporation Name
SHADOWLINE SALES, INC.

Principal Place of Business	Mailing Address
550 LENOIR RD. MORGANTON NC 28655	550 LENOIR RD. MORGANTON NC 28655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1998

4. FEI Number: 56-1946959 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 St. Augustine Outlet Center
Suite, Apt. #, etc.
22 Store 307-B 2700 St Rd 16
City & State
23 St. Augustine, FL
Zip 24 32095 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GRANDIZIO, SUSAN
ST. AUGUSTINE OUTLET CENTER
STORE #307-B 2700 STATE RD. 16
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name: Cindy McKenney
82 Street Address (P.O. Box Number is Not Acceptable): St. Augustine Outlet Center
83: Store #307-B 2700 State Rd. 16
84 City: St. Augustine FL 85 Zip Code: 32095

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: Cindy McKenney, Cindy McKenney STORE MANAGER 4/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SALSBURY, SHERROD III		1.2 NAME		
STREET ADDRESS	550 LENOIR RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MORGANTON NC 28655		1.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, CHARLES W		2.2 NAME		
STREET ADDRESS	550 LENOIR RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MORGANTON NC 28655		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAMBERT, NANCY		3.2 NAME		
STREET ADDRESS	550 LENOIR RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MORGANTON NC 28655		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles W. Myers (SIGNATURE REQUIRED) Charles W. Myers 4/22/99 828-437-3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)