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PROFIT
CORPORATION
ANNUAL REPORT



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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT #

115475

(6)

1. Corporation Name

TROPICAL SPORTSWEAR INTERNATIONAL CORPORATION

Principal Place of Business

4902 W. WATERS AVENUE
TAMPA FL 33634
US

Mailing Address

P.O. BOX 15350
TAMPA FL 33684
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

KAGAN, MICHAEL
4902 W. WATERS AVENUE
TAMPA FL 33634

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and board of directors

(Note: Registered Agent signature required when not at the office)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CEO

COMPTON, WILLIAM W.
4902 W. WATERS AVENUE
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV

KAGAN, MICHAEL
4902 W. WATERS AVENUE
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

DOMINO, RICHARD J.
4902 W. WATERS AVENUE
TAMPA F

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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 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:

Michael Kagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXECUTIVE VICE PRESIDENT 5/1/96 (813) 249-4900

CR2E034 (12/95)