

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 188719 (9)**  
 1. Corporation Name  
**SEBRING WESTERN WEAR, INC.**



Principal Place of Business Mailing Address  
**159 S COMMERCE AVE.  
SEBRING FL 33870** **159 S COMMERCE AVE.  
SEBRING FL 33870**

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
**11/01/1955** **05/01/1995**  
 4. FEI Number Applied For  
**59-0752626** Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**GLISSON, I W  
159 S COMMERCE AVE.  
SEBRING FL 33870**

**10. Name and Address of New Registered Agent**

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 the applicable)

(NOTE: Registered Agent signature required when re-instating)

(DATE)

**12. OFFICERS AND DIRECTORS** ☐ DELETE  
 TITLE **TO**  
 NAME **GLISSON, ANNIE LAURIE**  
 STREET ADDRESS **161 S COMMERCE STREET**  
 CITY-ST-ZIP **SEBRING, FL 00000**  
 TITLE ☐ DELETE  
 NAME **PD**  
 STREET ADDRESS **GLISSON, I W**  
 CITY-ST-ZIP **161 S COMMERCE STREET**  
**SEBRING, FL 00000**  
 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12** ☐ Change ☐ Addition  
 11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP  
 21 TITLE ☐ Change ☐ Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP  
 31 TITLE ☐ Change ☐ Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP  
 41 TITLE ☐ Change ☐ Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP  
 51 TITLE ☐ Change ☐ Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP  
 61 TITLE ☐ Change ☐ Addition  
 62 NAME  
 63 STREET ADDRESS  
 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE**

*Annie Laurie Glisson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/29/94* *941-385-4411*  
 DATE Digital Phone #

CR2E034 (3/96)