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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90138 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 217789

1. Corporation Name

FRAYNE SPORTSWEAR MANUFACTURERS, INC.

Principal Place of Business

C/O THOMAS J FRAYNE
6402 W. LINEBAUGH AVE.
TAMPA FL 33625

Mailing Address

C/O THOMAS J FRAYNE
6402 W. LINEBAUGH AVE.
TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1958

4. FEI Number

59-0864705

Applied For
Not Applicable

5. Certificate 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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FRAYNE, THOMAS J
6402 W. LINEBAUGH AVE.
TAMPA FL 33625

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	FRAYNE, THOMAS J	
STREET ADDRESS	6402 W. LINEBAUGH AVE.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRAYNE, DENNIS	
STREET ADDRESS	6402 W. LINEBAUGH AVE.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHAO, LILLY	
STREET ADDRESS	6402 WEST LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRAYNE, JEFFERY P.	
STREET ADDRESS	6402 W. LINEBAUGH AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRAYNE, JOHN	
STREET ADDRESS	6402 W. LINEBAUGH AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORTON, REBECCA FRAYNE	
STREET ADDRESS	6402 W. LINEBAUGH AVE.	
CITY-ST-ZIP	TAMPA FL	

13.

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRAYNE, JOSEPH	
1.3 STREET ADDRESS	6402 W. LINEBAUGH AVE.	
1.4 CITY-ST-ZIP	TAMPA, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRAYNE, DOUGLAS T.	
2.3 STREET ADDRESS	6402 W. LINEBAUGH AVE.	
2.4 CITY-ST-ZIP	TAMPA, FL	
3.1 TITLE	CHAO, LILLY	<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)