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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 285354

## FILED Jan 20 1998 8:00am Secretary of State

JIM TATUM'S MEN'S SHOPS, INC. Principal Place of Business Mailing Address 5318 NORMANDY BLVD. 5318 NORMANDY BLVD. P.O. BOX 37559 P.O. BOX 37559 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 3. Date incorporated or Qualified 09/24/1964 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-1116573 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TATUM, JAMES L. 5318 NORMANDY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32205 83 City 84 Zip Code F 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, typied or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE Change Addition TITEE 1.1 TITLE TATUM. TIMOTHY J. NAME 1.2 NAME 5318 NORMANDY BLVD. STREET ADORESS 1.3 STREET ADDRESS JACKSONVILLE FL 32205 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NORMAN, SAMUEL M. NAME 2.2 NAME 5318 NORMANDY BLVD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE \_\_\_ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE \_\_\_ Change Addition TITLE 5.1 THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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