

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 306559 (6)

1. Corporation Name
WHITACRE SPORTSWEAR INC



Principal Place of Business
P.O. BOX 1068
DEERFIELD BEACH FL 33443-1068
US

Mailing Address
P.O. BOX 1068
DEERFIELD BEACH FL 33443-1068
US

3. Date Incorporated or Qualified 06/22/1966	3a. Date of Last Report 02/02/1995
4. FEI Number 59-1147247	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent WHITACRE, HAROLD WM 432 LAKE POINT SO LANE DEERFIELD BEACH FL 33442		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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD WHITACRE, HAROLD W. 432 LAKE POINT S. LN. DEERFIELD BEACH FL 33442 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	D WHITACRE, J. IRENE 432 LAKE POINT SO LANE DEERFIELD BEACH FL 33442 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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: *H. W. Whitacre* - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/96
813-446-9362
Daytime Phone #

CR2E034 (12/95)