

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 320270 (2)
1. Corporation Name
HOLMES SHIRT COMPANY, INC.

Principal Place of Business
US HIGHWAY 90 WEST
MIDTOWN STATION
BONIFAY FL 32425
US

Mailing Address
P.O. BOX 315
MIDTOWN STATION
NEW YORK NY 10018

FILED

97 JUL 23 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/24/1967		03/26/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1171145		Not Applicable	
24 Country		29 Country		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 or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBERTS, BONNIE 402 NORTH OKLAHOME ST BONIFAY FL 32425				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	PD	1.2 NAME	
STREET ADDRESS	STACKMAN, HOWARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	1359 BROADWAY #700	1.4 CITY-ST-ZIP	
	NEW YORK NY	2.1 TITLE	
TITLE	TD	2.2 NAME	
NAME	STACKMAN, GAIL	2.3 STREET ADDRESS	
STREET ADDRESS	1359 BROADWAY #700	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	NEW YORK NY	3.1 TITLE	Change Addition
		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	Change Addition
CITY-ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	Change Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE

CR2E034 (4/97)

HOLMES SHIRT COMPANY, INC.

AREA CODE 904--PHONE 547-3634

P. O. Box 278

BONIFAY, FLA. 32425

pg 2

July 16, 1997

Annual Reports Filing
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 34302-1500

Gentlemen:

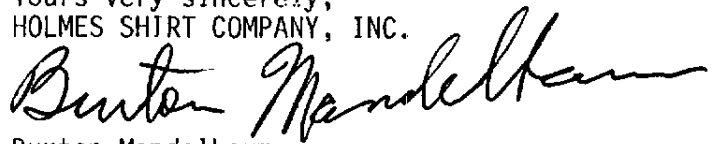
Re: Document No. 320270 FEI Number 59-1171145

Please note that we never received your first notice and
are herewith enclosing our check in the amount of \$165.

As you will see, our past records show that we have always
been prompt payers.

Thank you.

Yours very sincerely,
HOLMES SHIRT COMPANY, INC.



Burton Mandelbaum
Controller

BM:dd
Enc.