

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 409301 (9)
1. Corporation Name
DIRT SHIRTS, INC.

Principal Place of Business
1111 NORWOOD AVENUE
PO BOX 458
TITUSVILLE FL 32796-2761

Mailing Address
1111 NORWOOD AVENUE
PO BOX 458
TITUSVILLE FL 32796-2761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 769 Big Tree Dr.
Suite, Apt. #, etc.
22 P.O. Box 522346
City & State
23 Longwood, FL
Zip Country
24 32752 25 USA

2a. Mailing Address
26 769 Big Tree Dr.
Suite, Apt. #, etc.
27 P.O. Box 522346
City & State
28 Longwood, FL
Zip Country
29 32752-2346 30 USA

3. Date Incorporated or Qualified

09/22/1972

4. FEI Number

59-1412039

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS, CHARLES D
1111 NORWOOD
P.O. BOX 458
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name Adams, Charles D
82 Street Address (P.O. Box Number is Not Acceptable)
769 Big Tree Dr
83 P.O. Box 522346
84 City Longwood FL 85 Zip Code 32752-2346

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

Charles D. Adams

Signature typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

4/2/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	ADAMS, ROBERT	3545 W. WASHINGTON AVE	TITUSVILLE FL	<input checked="" type="checkbox"/>
	ADAMS, CHARLES	7 TRILBY BRANCH RD.	LONGWOOD FL	<input type="checkbox"/>
	DREIBELBIS, CHRISTINA L.	129 QUEENS COURT	SANFORD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 as an attachment with an address.

SIGNATURE:

Charles D. Adams Pres.

4/2/98 (407)831-2249

CR2E034 (10/97)