

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 622908

(2)

1. Corporation Name

DAVID'S CLOTHING, INC.

Principal Place of Business

1002 S 14TH STREET
FERNANDINA BCH FL 32034

Mailing Address

1002 S 14TH STREET
FERNANDINA BCH FL 32034

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:21

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/24/1979

3a. Date of Last Report

04/04/1994

4. FEI Number

59-1930757

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 1924 S. 14th Street

Suite, Apt. #, etc.

2a. Mailing Address

26 1924 S. 14th Street

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWEN, DANIEL M. JR.
RT 4 BOX 189-0
FERNANDINA BCH., FL
32034

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOWEN, DAVID E
STREET ADDRESS	177 PERSIMMON ST
CITY-ST-ZIP	JESUP, GA 00000
TITLE	D
NAME	BOWEN, LAROD
STREET ADDRESS	175 PERSIMMON ST
CITY-ST-ZIP	JESUP, GA 00000
TITLE	TD
NAME	FAIRCLOTH, JANET B
STREET ADDRESS	176 JONES ST
CITY-ST-ZIP	JESUP, GA 00000
TITLE	VPD
NAME	FAIRCLOTH, RICKEY P
STREET ADDRESS	176 JONES ST
CITY-ST-ZIP	JESUP, GA 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-95 912-427-3133