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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90001 024 \*\*\*550.00

DOC	JMENT	# 63	7307
		-	,

1. Corporation Name

WEBB'S GENTLEMEN'S APPAREL, INC.

Principal Place of Business Mailing Address							
1333 CAPE COF		1333 CAPE CORAL PARKWA	ιY				
CAPE CORAL FL 33904		CAPE CORAL FL 33904			DO NOT WRITE IN T	UIC COACE	
					DO NOT WRITE IN THE STATE OF A CHARLES AND A CHARLES	HIS SPACE	
	•		_		10/01/1979		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
1	a was para para para	26	,		59-1936698		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional equired
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year		
4	. 25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Register	red Agent	
VAN OLIVIE BRIDE		81	Name				
VAN SLKYE, BRUCE 1333 CAPE CORAL PARKWAY			82 Street Add		ress (P.O. Box Number is Not Acceptable)		
	E CORAL FL 33904						
CAPI	E CONAL FE 33304		83				0-4-
	· · ·		84	City	Į.	<b>=L</b>  85   Zip	Code
12.		ID DIRECTORS	13.		ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/OFFARED TO OFFICE RE	Change	☐ Additio
NAME	SLYKE, BRUCE VAN		1.2 NAME				
STREET ADDRESS	1333 CAPE CORAL PKWY		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	-2.1 TITLE			Change	☐ Additio
NAME			2.2 NAME				
STREET ADDRESS				TADORESS	•		
CITY-ST-ZIP .		☐ DELETE	2.4 CITY-	ST-ZIP		Change	Additio
TITLE			3.1 TITLE 3.2 NAME				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME STREET ADDRESS				T ADORESS			
CITY-ST-ZIP			3.4. CITY-	ì			
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NAME				TADORESS			
STREET ADDRESS	,		5.4 CITY-	1			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Additio
NAME		<del>-</del> -	6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADORESS			
	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		64 CITY-	ST. 7ID			

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 on an attachment with an address, with all other like empowered.