

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

FILED

Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 653269

(1)

1. Corporation Name

HERON'S SPORTSWEAR, INC.

Principal Place of Business

4856 FIRST COAST HWY #4

AMELIA ISLAND FL 32034

US

Mailing Address

4924 FIRST COAST HWY #11

AMELIA ISLAND FL 32034-5471

US

3. Date Incorporated or Qualified

01/24/1980

3a. Date of Last Report

03/27/1996

4. FEI Number

59-2725604

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

TENNILLE, WILSON R.
4800 FIRST COAST HIGHWAY S.
AMELIA ISLAND FL 32034

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 607.0902 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 of the person who signs this statement is required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

101	PD	☐ DELETE
NAME	TENNILLE, WILSON R.	
STREET ADDRESS	49 MARSH LAKES COURT	
CITY-STATE-ZIP	AMELIA ISLAND FL	
102	STD	☐ DELETE
NAME	TENNILLE, TERRI	
STREET ADDRESS	49 MARSH LAKES COURT	
CITY-STATE-ZIP	AMELIA ISLAND FL	
103		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
104		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
105		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	☐ Change ☐ Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-STATE-ZIP	
21	TITLE	☐ Change ☐ Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-STATE-ZIP	
31	TITLE	☐ Change ☐ Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-STATE-ZIP	
41	TITLE	☐ Change ☐ Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-STATE-ZIP	
51	TITLE	☐ Change ☐ Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-STATE-ZIP	
61	TITLE	☐ Change ☐ Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-STATE-ZIP	

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 herein is based 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 of this filing, or on an attachment with an address.

SIGNATURE: WILSON R. TENNILLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0013886

CR2E034 (9/96)