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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

PUNTA GORDA FL 33980-2917

(3)

Mailing Address

SHIRTS & KNITS UNLIMITED, INC.

4300 KINGS HWY, B-17 SCHOOLHOUSE SQUARE

Jan 22 1998 8:00am
Secretary of State

EII ED



4300 KINGS HWY. B-17 SCHOOLHOUSE SQUARE PUNTA GORDA FL 33980-2917 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1980

2. Principal P	ncipal Place of Business 2a. Mailing Address				4. FEI Number	Applied I	For	
21		26			59-1982561	Not Appl	licable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition		
City & Stat	•	City & State			6. Election Campaign Financing	\$5.00 May B	Be	
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip Country			8. This corporation owes or has paid the current year Intangible			
24	25	29 30			Personal Property Tax due June 30. Yes No			
	Name and Address of Current I	Registered Agent			10. Name and Address of New Re	gistered Agent		
MU	ILLER, PATRICIA		8	Name				
4300 KINGS HWY., SCHOOL HOUSE SQ.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PUNTA GORDA FL 33980								
			83					
			84	City	<u> </u>	85 Zip Code		
				1		FL		
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 a	and title if applicable. (NOTE, F	Registered Ag	ent signature require	od when reinstating)	DATE		
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS (Ñ. 1:	2_	
TITLE	D	☐ DELETE	1.1 TITLE			Change A	Addition	
NAME	MULLER, PETER III		1.2 NAME				- 1	
STREET ADDRESS	24290 HENRY MORGAN BLVD		1.3 STREE	T ADDRESS			Ì	
CITY - ST - ZIP	PUNTA GORDA, FL 00000		1.4 CITY-	ST-ZIP				
TITLE	DP	DELETE	2.1 TITLE			Change A	Addition	
NAME	MULLER, PATRICIA		2.2 NAME					
STREET ADDRESS	24290 HENRY MORGAN BLVD		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	PUNTA GORDA, FL 00000	:	2. 4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			Change A	Addition	
NAME	MULLER, PETER IV		3.2 NAME	İ			ı	
STREET ADDRESS	24290 HENRY MORGAN BLVD		3.3 STREE	T ADDRESS			ŀ	
CITY-ST-ZIP	PUNTA GORDA, FL 00000		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change A	Addition	
NAME			4, 2 NAME				1	
STREET ADDRESS			4.3 STREE	ADDRESS			İ	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Ad	ddition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CiTY-	!				
TITLE		☐ DELETE	6.1 TITLE			Change Ac	ddition	
NAME			6.2 NAME				į	
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			6.4 CITY -	l l			[
J.,, - JI - 4/4			3.4 (11)	/1-611				

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 depreciation 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 addless.