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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

F9400004636 (6) 1996 DOCUMENT #

1. Corporation Name

WEEKS TEXTILE MILL OUTLET OF TALLAHASSEE, INC.

Principal Place of Business Mailing Address



1214-FG CAPITAL CIRCLE SE TALLAHASSEE FL 32301			1214-FG CAPITAL CIRCLE SE TALLAHASSEE FL 32301				
					3. Date Incorporated or Qualified 09/07/1994	3a. Date of La 02/2	est Report 22/1995
2. Principal Place	of Rusiness	2a. Mailing Address			4. FEI Number		Applied For
2. Principal Place	; Or Dusiness	26			59-2853892		Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	L	5.00 May Be Added to Fees
Zip Country		Ζφ 29	Zip Country		 This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 		
4	9. Name and Address of Curr		[34]		10. Name and Address of New F	registered Ager	nt
	9. Manie and Address of Cont	Elit riegistorea rigen	81	Name			
	, DAVID C		82	Street Addr	ess (P.O. Box Number is Not Acceptal	nle)	
	AIL COURT IASSEE FL 32301		83				
			84	,	ration submits this statement for the purify of directors. I hereby accept the app	FL 8	
OLONIATURE	and accept the obligations of, S grature, typed or printed harmer of registered a	ुल्या अञ्च विष्यु वे सुद्रा विष्यु	(Note: Registered Age	r f signafunciói pes	o) when rendaring: ADDITIONS/CHANGES TO OF	DATE	RECTORS IN 12
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ПС	hange
TITLE	P	DELETE	1 1 1111.				-
NAME	BAILEY, LISA		1.2 NAME	1 ADDRESS			
STREET ADDRESS	426 GRAIL COURT	•	1.4 CiTY -	I			
CITY-ST-ZIP	TALLAHASSEE FL 3230	□ DELETE	2 1 THUE				hange Addition
TITLE	ST Bailey, David		2.2 NAME	1			
NAME	426 GRAIL COURT		2.3 STREE	T ADDRESS			
STREET ADDRESS CITY-ST ZIP	TALLAHASSEE FL 3230	1	2 4 Oilly	\$1 - ZiF			
TITLE		DELETE	3 1 T:TLE			∐ (Change
NAME			3.2 NAME				
STREET ADDRESS			33 S1RE	F1 ADDRESS			
City-ST-ZIP			3 4 CIIY				Change Addition
THILE		☐ DELETE	4 1 TiTL			. ب	
NAME			4.2 NAM				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP		[] DELETE	4.4 C/1Y				Change
TITLE			52 N=M				
NAME				ET ADDRESS			
STREET ADDRESS				ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	6 i liit				Change
NAME			6.2 NAM	·€			
STREET ADDRESS			63SIR	EET ADORESS			
CITY - ST - ZIP			6.4 CITY	-S!-ZIP		10.071000 \ EL	o Otat than 1 further
## 1 d > b	Leadily that the information suppl	sheri with this filing is voluntarily	furnished and d	oes not qua! 4	y for the exemption stated in Section 1	19.07(3)(k), Florid	ia Statutes, i further

I do hereby certify that the information supplied with this tring is voluntarily turnistical and does not upday in the fact that my signature shall have the same legal effect as if made undecemby 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 undecember the information indicated on this annual report 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 it changed or on an attachment with an address

SIGNATURE: