

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002599 (7)

1. Corporation Name
G.P. SHIRT, INC.



Principal Place of Business: **MAIN AND POPLAR STREETS
SPRING CITY PA 19475**
Mailing Address: **MAIN AND POPLAR STREETS
SPRING CITY PA 19475**

3. Date Incorporated or Qualified 05/30/1995	3a. Date of Last Report
4. FEI Number 23-2789485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent SMITH, DENIS FIVE TWELFTH STREET, NORTH NAPLES FL 33940	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 _____ DATE _____
Signature of the registered agent or the registered office _____
Signature of the registered agent or the registered office _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVINGTON, CHARLES E	2. NAME	
STREET ADDRESS	554 GILBERTSVILLE ROAD	3. STREET ADDRESS	
CITY-STATE-ZIP	GILBERTSVILLE PA	4. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVINGTON, BERNADETTE	6. NAME	
STREET ADDRESS	554 GILBERTSVILLE ROAD	7. STREET ADDRESS	
CITY-STATE-ZIP	GILBERTSVILLE PA	8. CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARK E	10. NAME	
STREET ADDRESS	MAIN AND POPLAR STREETS	11. STREET ADDRESS	
CITY-STATE-ZIP	SPRING CITY PA	12. CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, DAVID J	14. NAME	
STREET ADDRESS	MAIN AND POPLAR STREETS	15. STREET ADDRESS	
CITY-STATE-ZIP	SPRING CITY PA	16. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark E. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark E. Smith
4/30/96 610-948-5991
Date of Filing

CR2E034 (12/95)