

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

00110

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90002 002 ***158.75

DOCUMENT # F98000000073

1. Corporation Name
SHADOWLINE SALES, INC.

Principal Place of Business
550 LENOIR RD.
MORGANTON NC 28655

Mailing Address
550 LENOIR RD.
MORGANTON NC 28655



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/05/1998

4. FEI Number
56-1946959

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 St. Augustine Outlet Center

2a. Mailing Address
26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
Store 307-B 2700 St Rd 16

23 City & State
St. Augustine, FL

24 Zip Country
32095 USA

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

GRANDIZIO, SUSAN
ST. AUGUSTINE OUTLET CENTER
STORE #307-B 2700 STATE RD. 16
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name Cindy McKenney
82 Street Address (P.O. Box Number is Not Acceptable)
St. Augustine Outlet Center
83 Store #307-B 2700 State Rd. 16
84 City St. Augustine FL 85 Zip Code 32095

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

Cindy McKenney
Signature, typed or printed name of registered agent and title if applicable.

Cindy McKenney
NOTE: Registered Agent signature required when reinstating.

STORE MANAGER

4/19/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SALSBURY, SHERROD III	550 LENOIR RD.	MORGANTON NC 28655	<input type="checkbox"/>
ASD	MYERS, CHARLES W	550 LENOIR RD.	MORGANTON NC 28655	<input type="checkbox"/>
S	LAMBERT, NANCY	550 LENOIR RD.	MORGANTON NC 28655	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Charles W. Myers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 828-437-3821

Date Daytime Phone #

CR2E034 (11/98)