

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

001362

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90103 044 ***150.00

DOCUMENT # J72745

1. Corporation Name
CLAIBORNE, INC.

Principal Place of Business

1356 TREE LN
SNELLVILLE GA 30278
US

Mailing Address

1356 TREE LN
SNELLVILLE GA 30278
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1987

4. FEI Number

59-2805550

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

21 213 N checkerberry Way

Suite, Apt. #, etc.

City & State

23 Jacksonville

Zip

24 32259

Country

25

2a. Mailing Address

26 213 N checkerberry Way

Suite, Apt. #, etc.

City & State

28 Jacksonville

Zip

29 K 32259

Country

30

9. Name and Address of Current Registered Agent

WILLYOUNG, JOHN W
4726 N. LOIS AVE
SUITE A-2
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

82 Timothy J CLAIBORNE

83 Street Address (P.O. Box Number is Not Acceptable)

213 N checkerberry Way

84 City

85 Jacksonville

FL

86 Zip Code

32259

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.2.99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CLAIBORNE, TIMOTHY J.

STREET ADDRESS 1356 TREE LANE

CITY-ST-ZIP SNELLVILLE GA 30078

TITLE VPD ☐ DELETE

NAME CLAIBORNE, PENNY S.

STREET ADDRESS 1356 TREE LANE

CITY-ST-ZIP SNELLVILLE GA 30078

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

213 N checkerberry Way
JACKSONVILLE, FL 32259

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

STATUS

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/99

800 552 8365

CR2E034 (11/98)