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FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J81398 (6)

1. Corporation Name
CELESTIAL SHIRTS, INC.

Principal Place of Business

858 JOHN SIMS PKWY
NICEVILLE FL 32578
US

Mailing Address

858 JOHN SIMS PKWY
NICEVILLE FL 32578
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/02/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2841610

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ETHERIDGE, DAVID
205 GOVERNMENT ST
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

Doris Etheridge

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

11 Newcastle Drive

83

84 City

Ft. Walton Bch

FL

85 Zip Code

32547

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

Doris Etheridge President

3-14-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D President	DELETE
NAME	ETHERIDGE, DORIS	
STREET ADDRESS	11 NEWCASTLE DR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ETHERIDGE, DAVID	
STREET ADDRESS	16 NEWCASTLE DR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ETHERIDGE, NADIA	
STREET ADDRESS	16 NEWCASTLE DR	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Judy Griggs	
1.3 STREET ADDRESS	205 Lee Rd 297	
1.4 CITY-ST-ZIP	SMITHS AL 36877	
2.1 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Edward A. Etheridge	
2.3 STREET ADDRESS	11 Newcastle Dr.	
2.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32548	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, upon an attachment with an address.

SIGNATURE:

Judy Griggs V.P.

Date

Daytime Phone #

3-10-97 (904) 678-9725

CR2E034 (9/96)