

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L04472

(1)

1. Corporation Name

CARIBBEAN COTTON, INC.

Principal Place of Business

**252 SARASOTA QUAY
SARASOTA FL 34236
US**

Mailing Address

**252 SARASOTA QUAY
SARASOTA FL 34236
US**

FILED

25 AUG -1 AM 11:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/26/1989

3a. Date of Last Report
06/10/1994

4. FEI Number
59-2968260

Applied For

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. 199.02,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STORM, THOMAS L
252 SARASOTA QUAY
SARASOTA FL 34236**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVP**
NAME **STORM, THOMAS L**
STREET ADDRESS **2390 BRADENTON ROAD #1**
CITY, ST, ZIP **SARASOTA FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

D/P/Sec/Treas ☒ Change ☐ Addition

TITLE **DP**
NAME **SPENDER, SUSAN**
STREET ADDRESS **809 GUNBRIDGE DRIVE**
CITY, ST, ZIP **SARASOTA FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

**Resigned A/K
Positions** ☐ Change ☐ Addition

TITLE **Roy J. Kelchner**
NAME **Roy J. Kelchner**
STREET ADDRESS **5404 BALSAM AVE**
CITY, ST, ZIP **MELBOURNE FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

Roy J Kelchner ☐ Change ☒ Addition
5404 BALSAM AVE
MELBOURNE FL 32904

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

Nancy J Kelchner ☐ Change ☒ Addition
5404 BALSAM AVE
MELBOURNE FL 32904

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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(5)(b), 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:

Tom Storm
TOM STORM

7/15/95 (941) 953-3993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE