

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:00

DOCUMENT # **L40312** (5)

C. Corporate Name  
**CUBCO EMBROIDERY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **219 CARSWELL AVE. HOLLY HILL FL 32117**  
Mailing Address: **219 CARSWELL AVE. HOLLY HILL FL 32117**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/29/1989</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2973923</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**JENKINS, YVONNE  
704 BIG TREE ROAD  
SOUTH DAYTONA FL 32119**

10. Name and Address of New Registered Agent

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>JENKINS, YVONNE</b>
STREET ADDRESS	<b>704 BIG TREE RD.</b>
CITY, ST, ZIP	<b>SOUTH DAYTONA FL</b>
TITLE	<b>D</b>
NAME	<b>JENKINS, STANLEY E., JR.</b>
STREET ADDRESS	<b>704 BIG TREE RD.</b>
CITY, ST, ZIP	<b>SOUTH DAYTONA FL</b>
TITLE	<b>D</b>
NAME	<b>JENKINS, STEPHEN R.</b>
STREET ADDRESS	<b>2711 NORTH HALIFAX #898</b>
CITY, ST, ZIP	<b>ORMOND BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the incorporation stated in Section 199.032(1)(b), Florida Statutes. I affirm and certify that the information included 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 available for election to the corporation or the receiver or trustee empowered to conduct this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or an attachment with an address.

SIGNATURE: *Yvonne Jenkins* Yvonne Jenkins 4/30/95 904-254-2706  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR