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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L41053

(4)

1. Corporation Name

BANNER OUTLET, INC.



Principal Place of Business

% BETTY HARRIS
8219 US HWY 19
PORT RICHEY FL 34668

Mailing Address

% BETTY HARRIS
8219 US HWY 19
PORT RICHEY FL 34668-6640

3. Date Incorporated or Qualified

01/04/1980

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

21 106 PALM HARBOUR BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 106 PALM HARBOUR BLVD.
Suite, Apt. #, etc.

4. FEI Number

59-2085107

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

City & State

23 PANAMA CITY BEACH
Zip

Country

24 32408

25 USA

City & State

28 PANAMA CITY BEACH
Zip

Country

29 32408

30 USA

9. Name and Address of Current Registered Agent

HARRIS, BETTY
8219 US HWY 19
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

HARRIS, BETTY

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

106 PALM HARBOUR BLVD.

84 City

PANAMA CITY BEACH

FL

85 Zip Code

32408

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

Betty Harris DPS

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

(NOTE: Registered Agent signature required when reinstating)

3-25-97

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS ☐ DELETE

NAME HARRIS, BETTY
STREET ADDRESS 3502 CHATSWORTH CT
CITY-ST-ZIP HOLIDAY FL

TITLE D ☐ DELETE

NAME HARRIS, JOSEPH
STREET ADDRESS 3502 CHATSWORTH CT
CITY-ST-ZIP HOLIDAY FL

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 DPS ☒ Change ☐ Addition

1.2 NAME HARRIS, BETTY
1.3 STREET ADDRESS 106 PALM HARBOUR BLVD.
1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME HARRIS, JOSEPH
2.3 STREET ADDRESS 106 PALM HARBOUR BLVD.
2.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

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 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, or on an attachment with an address.

SIGNATURE: Betty Harris BETTY HARRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97
Date

904-271-5343
Daytime Phone

0453226

CR2E034 (9/96)