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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90130 003 ***150.00

DOCUMENT # L88353 1. Corporation Name NEPTUNE EMBROIDERY, INC.				(
Principal Place of Business Mailing Address					1 1001/01/ 201 (218) IR/00 1/10/ 01/00 (1/1 pip) 4/01/ pip/ 2/01/ pip/ 2/01/ pip/ 2/01/ pip/ 2/01/ 2/01/ 2/01/
2101 FLORIDA BLVD NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266					DO NOT WRITE IN THIS SPACE
US US					3. Date Incorporated or Qualified
					07/23/1990
2. Principal Place of Business 2a. Mailing Add					4. FEI Number Applied For
21		26			*59-3019692 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		City & State			Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
	Zip Country Zip		Country		8. This corporation owes the current year Intangible
24	25 29 30		0		Personal Property Tax. Y Yes □ No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent
ED\/I	N E LEE III		81	Name	
ERVIN, E. LEE III 226 SABAL PALM COURT WEST			82	Street A	Address (P.O. Box Number is Not Acceptable)
PONTE VEDRA BEACH FL 32082			83		
PORTE TEDITA DENOTT LE GEORE			63		
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes th				e-named e	
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.					
	*	ions of, Section 607,0303, Fibrio	ja Sialules		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.)				nt signature re	equired when reinstating) DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	- 1	☐ Change ☐ Addition
NAME	ERVIN, E. LEE III		1.2 NAME		
STREET ADDRESS	226 SABAL PALM COURT W.			FADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	□ DELETE	1.4 CITY-S	<u>T-ZIP</u>	☐ Change ☐ Addition
TITLE	D COURS KANDANIA Z	☐ DETELE	2.1 TITLE	- 1	Change DAGGGG
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CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY+S 3.1 TITLE	51-ZIP	☐ Change ☐ Addition i
	-		3.2 NAME		
NAME STREET ADDRESS	til i same se	— <u> </u>		TADORESS (~
CITY-ST-ZIP			3.4. CITY-S	ſ	
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	RESS 43 €		4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE	-		5.1 TITLE]	☐ Change ☐ Addition
NAME .	•		5.2 NAME	, ADDOCCO.	ŕ
STREET ADDRESS			5.3 STREET	- 1	Į į
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-212	☐ Change ☐ Addition
TITLE		ר"ו הגרבוב	6.2 NAME	}	
NAME				TADDRESS	
STREET ADDRESS			64 CITY-S	I	

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

SIGNATURE:

. 904.241.1724