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FILED

Jan 24 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 # **P31049** (0)

1. Corporation Name
WESTPOINT STEVENS STORES INC.

Principal Place of Business
**507 WEST 10TH STREET
WEST POINT GA 31833
US**

Mailing Address
**P O BOX 71
WEST POINT GA 31833-0071
US**

3. Date Incorporated or Qualified
09/25/1990

3a. Date of Last Report
03/06/1996

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

4. FEI Number

58-1761818

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

g. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 607.0502 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 of the person providing name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VELSMID, MICHAEL J.	
STREET ADDRESS	P.O. BOX 609	
CITY- ST- ZIP	WEST POINT GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TERRY, RICHMOND B.	
STREET ADDRESS	507 WEST 10TH STREET	
CITY- ST- ZIP	WEST POINT GA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MONROE, FRANK B.	
STREET ADDRESS	P.O. BOX 609	
CITY- ST- ZIP	WEST POINT GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZODROW, CHRISTOPHER N	
STREET ADDRESS	507 WEST 10TH STREET	
CITY- ST- ZIP	WEST POINT GA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	HUMPHRIES, M. CLAYTON JR.	
STREET ADDRESS	507 WEST 10TH STREET	
CITY- ST- ZIP	WEST POINT GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENNINGS, JOSEPH L	
STREET ADDRESS	507 WEST 10TH STREET	
CITY- ST- ZIP	WEST POINT GA 31833	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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	Vice President & Secretary <input checked="" 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 or on an attachment with an address.

to the best of my knowledge

SIGNATURE:

Richmond B. Terry

Richmond B. Terry 1-17-97 706 645-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0013648

CR2E034 (9/96)

**WESTPOINT STEVENS STORES INC.
BUSINESS ADDRESSES**

DIRECTORS

Morgan M. Schuessler
507 West 10th Street
West Point, GA 31833

Thomas J. Ward
1185 Avenue of the Americas
New York NY 10036

OFFICERS

Morgan M. Schuessler
Vice President & Treasurer
507 West 10th Street
West Point, GA 31833

A. Taylor Nance
Assistant Secretary
1185 Avenue of the Americas
New York, NY 10036