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

FILED Feb 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (5) **GUNTERSVILLE OUTLET, INC.** Principal Place of Business Mailing Address P.O. DRAWER 998 701 RAILROAD AVE **GUNTERSVILLE AL 35976** ALBERTVILLE AL 35950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1991 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 63-0784481 Not Applicable 26 \$8.75 Additional Sulte, Apt. #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yos 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 \$. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 83 Zip Code 84 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 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, typod or printed name of registered agent and tibe if applicable (NOTE Registered Agont signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE SCOTT, TERRY L. 1.2 NAME NAME 1100 BUCK ISLAND DR 1.3 STREET ADDRESS STREET ADDRESS **GUNTERSVILLE AL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE LITTLETON, KENNETH A. 2.2 NAME NAME 1047 HARBOR RIDGE ROAD STREET ADDRESS 2.3 STREET ADDRESS **GUNTERSVILLE AL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - S1 - 7IP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 000002423100mm -02/06/98--01004--004 DELETE 6.1 THTLE TITLE 6 2 NAME NAME 6.3 STREET ADDRESS ***150.00 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. 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 of true tee 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 eddress.