

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # P93000032902 (7)

1. Corporation Name
PEARL LINEN INC.

Principal Place of Business

Mailing Address

P. O. BOX 1107
3003 ISLAND DR.
EASTPOINT FL 32328

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3003 ISLAND DR.
EASTPOINT FL 32328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1993
3a. Date of Last Report 05/09/1996

4. FEI Number 59-3180755
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 191 Highway 98
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 1107
Suite, Apt. #, etc.

22 City & State
23 Eastpoint FL

27 City & State
28 Eastpoint FL

24 Zip 32328
25 Country Franklin

29 Zip 32328
30 Country Franklin

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOLEVER, JAYSON
3003 ISLAND DR.
EASTPOINT FL 32328

1 Name Jayson Woolever
2 Street Address (P.O. Box Number is Not Acceptable)
191 Highway 98
City Eastpoint FL 32328

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: typed or printed name of registered agent; and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WOOLEVER, JAYSON
STREET ADDRESS 3003 ISLAND DR.
CITY-ST-ZIP EASTPOINT FL 32328

1.1 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 191 Highway 98
1.4 CITY-ST-ZIP Eastpoint FL 32328

TITLE V
NAME WOOLEVER, JARRETT
STREET ADDRESS 3003 ISLAND DR.
CITY-ST-ZIP EASTPOINT FL 32328

2.1 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 191 Highway 98
2.4 CITY-ST-ZIP Eastpoint FL 32328

TITLE S
NAME WOOLEVER, PAULA
STREET ADDRESS 1065 BRINKLEY ST.
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328

3.1 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CEO
NAME WOOLEVER, GRANT
STREET ADDRESS 1065 BRINKLEY ST.
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328

4.1 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 ☐ 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 Grant W. Woolever 9-15-97-904-62087203

CR2E034 (4/97)