FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida

APPROVED AND FILED

MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067451 (3)

1. Corporate Name
MAIN STREET TEE'S, INC.

Principal Office
POB 1719
CRYSTAL RIVER FL 34423

Mailing Address
POB 1719
CRYSTAL RIVER FL 34423

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21
Suite, Apt. # or
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. # or
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3208973 — 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

9. Name and Address of Current Registered Agent

GARRICK, DAVID M
[redacted]
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 502 N.W. 6th Street
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 Registered Agent or Signature of Officer or Director of Registered Agent Corporation — Date

12. OFFICERS AND DIRECTORS

Title	D
Name	GARRICK, DAVID M
Street Address	[redacted]
City, St., Zip	CRYSTAL RIVER FL 34429
Title	
Name	
Street Address	
City, St., Zip	
Title	
Name	
Street Address	
City, St., Zip	
Title	
Name	
Street Address	
City, St., Zip	
Title	
Name	
Street Address	
City, St., Zip	
Title	
Name	
Street Address	
City, St., Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19__

Title	☒ Change ☐ Addition
Name	
Street Address	502 N.W. 6th Street
City, St., Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, St., Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, St., Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, St., Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, St., Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, St., Zip	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sec. 119.07(3)(i), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0496712 FP