## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P93000082666 (7)

1. Corporation Name PINELLAS TEXTILES, INC.  Principal Place of Business  Mailing Address  3100 THIRD AVENUE SOUTH ST. PETERSBURG FL 33711  ST. PETERSBURG FL 33711										
OI. FETENOD	ONG IL OVII	•	• • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualified	3a. Date o		
							12/03/1993	1 05/0	01/199	
Principal Place of Business 2a. Mailing Address							4. FEI Number 59-3212550		<u> </u>	pplied For lot Applicable
							- I Take A State of the second			Additional
Suite, Apt. #	f, etc.		27 Suite, A.	л. н, от.			5. Certificate of Status Desired			tequired
City & State			City & St	State			6. Election Campaign Financing \$5.00 May Be			
3							Trust Fund Contribution			to Fees
Zip		Country	Zip		Country		This corporation has liability for Florida Statutes	intangible tax. s ∷ No	under s	199.032,
4		25 and Address of Curr	29	ent	30		10. Name and Address of New		jent	
	9. Name	and Address of Con	ent Hegistered Ag		81	Name				
PIPER, JAN J					82	Stroot Add	ress (P.O. Box Number is Not Accepta	hle)		
669 FIRST AVENUE NORTH						Sirect Addi				
ST. PETERSBURG FL 33701					83	83				
					84	City		FL	<b>8</b> 5 Zip	Code
12.		or printed name of registered at OFFICERS /	AND DIRECTORS	) DELETE	13.	I signature require	J www.musblogi ADDITIONS/CHANGES TO OF		OIRE CTO Change	
TITLE	DP CZECZU	, WALTER O	L	ן גינננינ	1. 1 TIFLE 1.2 NAME				ŭ	
NAME STREET ADDRESS		IRD AVENUE S			1.3 STREET	ADDRESS				
CITY - ST-ZIP		ERSBURG FL			1.4 CHTY - S	51 - <b>Z</b> IP				
TITLE	S			] DELETE	2 1 TITLE				Change	Addition
NAME		, MICHELLES			22 NAME					
STREET ADDRESS		IIRD AVENUE S				ADDRESS				
CITY-ST-ZIP	ST PET	: }L	- <del></del>	] DELETE	2.4 CITY - : 3.1 TITLE	51 · ZIF			Change	☐ Addition
THLE NAME			-	_	3 2 NAME					
STREET ADDRESS					33 STREE	I ADDRESS				
CITY-ST-ZIP					3 4 CITY -	ST - 71P			Change	Addition
TITLE				] DELETE	4. 1 TITLE			L	Loughy	T Woman (
NAME					4,2 NAME	LANDERS				
STREET ADDRESS					4.3 STREE 4.4 CHY-	LADDRESS   ST-7IE				
CITY-S1-ZIP	<del> </del>		F	] DELETE	5 1 HTLE				Change	Add tion
NAME	1		_		5 2 NAME					
STREET ADDRESS	:				53 STREE	1 ADDRESS				
CITY-ST-ZIP					5.4 CITY -				) Change	Addition
TITLE			[.	DELETE	6 1 TITLE			L.	j unange	C) Vocation
NAME					6 2 NAME					
STREE1 ADDRESS					63 SIRES 64 CITY-	1 ADDRESS ST-ZIP				
CI1Y - ST - 7IP					■ 59 UHY-	U 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation of the receiver or Justee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 inchanger, or on an attachment with any address.

SIGNATURE:

THE AND TYPED OR PRATED NAME OF SCHING OFFICER OR DIRECTOR

3-18-96 813 866-7728