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Apr 16 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 # P95000001874 (3)

1. Corporation Name
EMBROIDERY CLASSICS, INC.



Principal Place of Business

112904 ST JOHN'S INDUSTRIAL PARKWAY
JACKSONVILLE FL 32246
US

Mailing Address

112904 ST JOHN'S INDUSTRIAL PARKWAY
JACKSONVILLE FL 32246-6619
US

2. Principal Place of Business

21 11290 St. Johns Industrial Pkwy

2a. Mailing Address

26 11290 ST JOHNS INDUSTRIAL PKWY

Suite, Apt. #, etc.

22 Ste 4

Suite, Apt. #, etc.

27 Ste 4

City & State

23 Jacksonville FL

City & State

28 JACKSONVILLE FL

Zip

24 32246

Country

25 US

Zip

29 32246

Country

30 US

9. Name and Address of Current Registered Agent

AHERN, FRED L JR
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

04/22/1996

4. FEI Number

59-3295846

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

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

Michael Blair Wygle President 4/7/97

Signature, typed or printed name of officer or agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WYGLE, MICHAEL B
1811 SELVA GRANDE DRIVE
ATLANTIC BEACH FL 32233

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
703 SELVA LAKES CIRCLE

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 checked, or on an attached sheet with an address.

SIGNATURE:

Michael Blair Wygle 4/7/97 (404)641-6074

CR2E034 (9/96)