

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000001963 (4)

1. Corporation Name

JIM TATUM'S FORMAL WEAR, INC.



Principal Place of Business

5318 NORMANDY BLVD.
JACKSONVILLE FL

Mailing Address

5318 NORMANDY BLVD.
JACKSONVILLE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1995

4. FEI Number

59-3291646

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

21 233 East Bay Street

2a. Mailing Address

26 233 East Bay Street

Suite, Apt. #, etc.

22 Suite 720

Suite, Apt. #, etc.

27 Suite 720

City & State

23 Jacksonville, Florida

City & State

28 Jacksonville, Florida

Zip

24 32202

Country

25

Zip

29 32202

Country

30

9. Name and Address of Current Registered Agent

REYNOLDS, JAMES W
5318 NORMANDY BLVD.
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name

Lawrence C. Rolfe

82 Street Address (P.O. Box Number is Not Acceptable)

233 East Bay Street, Suite 720

83

84

City
Jacksonville

FL

85

Zip Code
32202

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, 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

4/14/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RAYNOLDS, JAMES W
STREET ADDRESS 4515 RAMONA BLVD
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE STD ☐ DELETE

NAME RAYNOLDS, TAMMY T
STREET ADDRESS 4515 RAMONA BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Lawrence C. Rolfe
1.3 STREET ADDRESS 233 East Bay Street, Suite 720
1.4 CITY-ST-ZIP Jacksonville, Florida 32202

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Otis Walton
2.3 STREET ADDRESS 234 Riverside Avenue
2.4 CITY-ST-ZIP Jacksonville, Florida 32202

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 a shareholder 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

CR2E034 (10/97)

Dir

11/11/98

904-358-1666