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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019640

1. Corporation Name

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90268 028 ***150.00

KNIT & S	STITCH, INC.					
Principal Place	of Business	Mailing Address			•	I ISTINDE ING INICE SINI GRIN CONTROL SPIN GRIN STEE INICE AND AND AND CONTROL CONTROL
15 STONE ST						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						03/08/1995
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21 - 26						65-0564231 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired Sa.75 Additional
27						Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 28						Trust Fund Contribution Added to Fees
Zip ·	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25 Address of Cur	29 Zent Pagistered Agent	30	г		10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent				81	Name	
SOIL	.eau, John L				Otro et Addes	ess (P.O. Box Number is Not Acceptable)
1970) MICHIGAN AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
COC	COCOA FL			83		
				04	Oh	85 Zip Code
				84 City		FL T
11. Pursuant office or r agent. I a	to the provisions of Sections 607.6 egistered agent, or both, in the Sta m familiar with, and accept the obt	0502 and 607.1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the a uthorized rida Stat	bove- l by tl utes.	-named corpo the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	Registered	Agent	signature required	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TATLE	PD	☐ DELETE	1.1 TF			☐ Change ☐ Addition
NAME	OUSLEY, KATHERINE K		1.2 N			
STREET ADDRESS	15 STONE ST				ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	DELETE	_	TY-ST-	-ZIP	☐ Change ☐ Addition
TIME	D OLICIEV EDANK BIL		2.1 TI 2.2 N			
NAME	OUSLEY, FRANK B II 15 STONE ST	+ + +			ADDRESS	and the second s
STREET ADDRESS	COCOA FL 32922			INCE I	- 1	
CITY-ST-ZIP TITLE	COCONTE 32322	C) DELETE	3.1 TI)-ZIF	☐ Change ☐ Addition
NAME		,	3.2 N			
STREET ADDRESS					ADDRESS	ļ
CITY-ST-ZIP			3.4. C	my-st	r-ZIP	
TITLE		☐ DELETE	4.1 TI			☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 \$	TREET.	ADDRESS	
CITY-ST-ZIP			4.4 C	π <u>γ-</u> sτ-	-ZIP	
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME			5.2 N		į	ļ
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP	March of Sept.			TY-ST	-ZIP	
TITLE 'S'	Company of the state of the sta	. DELETE	6.1 ∏			☐ Change ☐ Addition
NAME OF			6.2 N]	
STREET ADDRESS	िक्री प्रश्नित		6.3 S	TREET.	ADDRESS	

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 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 for on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-63)-4579 Davime Phone # . . .