

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 # **P95000039286 (6)**

1. Corporation Name

THE SILK FACTORY, INC.



Principal Place of Business

**1923 SE 10TH AVENUE
CAPE CORAL FL 33904**

Mailing Address

**1923 SE 10TH AVENUE
CAPE CORAL FL 33904**

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1311 DEL PRADO BLVD.**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

CAPE CORAL, FL

29 City & State

24 Zip

Country

Zip

Country

33990

25

LEE

29

30

4. FEI Number

65-0586592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**GILROY, ROBIN H
1923 SE 10TH AVENUE
CAPE CORAL FL 33904**

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

Signature of person in charge of registration of the corporation

Signature of Registered Agent, if different from person in charge of registration

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GILROY, ROBIN H	
STREET ADDRESS	1923 SE 10TH AVENUE	
CITY-STATE-ZIP	CAPE CORAL FL 33904	
TITLE	D	☐ DELETE
NAME	GILROY, KEVIN M	
STREET ADDRESS	1923 SE 10TH AVENUE	
CITY-STATE-ZIP	CAPE CORAL FL 33904	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
2. NAME	D/P
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	D/S/T
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	

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 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 in changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96 (941) 772-9490

DATE OF FILING OFFICE OF THE SECRETARY OF STATE

CR2E034 (12/95)