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FILED
May 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 # **P95000044671 (2)**

1. Corporation Name
**THE FABRIC SOURCE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5400 HWY 98 E<br>A<br>DESTIN FL 32541<br>US | PO BOX 929<br>DESTIN FL 32540-0929 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 06/09/1995 | 3a. Date of Last Report: 05/01/1996 |
| 4. FEI Number: 59-3355660 | ☐ 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 9705 U.S. Hwy 98 W | 26 P.O. Box 1148 |
| Suite, Apt. #, etc.<br>22 SUITE A | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 DESTIN, FL | City & State<br>28 DESTIN, FL |
| Zip / Country<br>24 32541 / 25 WALTON | Zip / Country<br>29 32540-1148 / 30 WALTON |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD<br>343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PSTD ☐ DELETE | 1.1 TITLE | PTD ☒ Change ☐ Addition |
| NAME | GRIFFITH, GREGORY A | 1.2 NAME | GRIFFITH, GREGORY A. |
| STREET ADDRESS | 425 LINKSIDE CIRCLE | 1.3 STREET ADDRESS | P.O. BOX 1148 & 320 L'ATRIUM |
| CITY-ST-ZIP | DESTIN FL 32541 | 1.4 CITY-ST-ZIP | DESTIN, FL 32540-1148 |
| TITLE | V ☐ DELETE | 2.1 TITLE | S ☐ Change ☒ Addition |
| NAME | LANGHILL, ROBERT H | 2.2 NAME | HABEL, EVELYN A. |
| STREET ADDRESS | 425 LINKSIDE CIRCLE | 2.3 STREET ADDRESS | 15 WINDEMERE CT. |
| CITY-ST-ZIP | DESTIN FL 32541 | 2.4 CITY-ST-ZIP | FT. WALTON BEACH, FL 32547 |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

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 changed, or on an attachment with an address.

**SIGNATURE:** Gregory A. Griffith 1/22/97 904-837-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #