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May 02 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 # P95000051155 (6)

1. Corporation Name
NAUTICA/DUVAL, INC.

Principal Place of Business
5401 WEST KENNEDY BLVD. STE 751
TAMPA FL 33609

Mailing Address
P.O. BOX 2061
ST. PETERSBURG FL 33731-2061
US



3. Date Incorporated or Qualified 06/21/1995
3a. Date of Last Report 02/22/1996

2. Principal Place of Business 2a. Mailing Address

21 13361 Atlantic Boulevard

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

JACKSONVILLE FL

29 City & State

24 Zip

Country

Zip

Country

32225

25 US

28

30

4. FEI Number 59-3323830
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILES, JOEL B
200 CENTRAL AVENUE
SUITE 2000
ST. PETERSBURG FL 33701

81 Name

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

83 SUITE 2300

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 individual or printed name of registered agent and title if applicable.

JOEL B. GILES; February 17, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST
NAME WOOD, RENE M
STREET ADDRESS 5401 WEST KENNEDY BLVD. STE 751
CITY- ST- ZIP TAMPA FL

1.1 TITLE DPS
1.2 NAME J. THOMAS DODSON, JR.
1.3 STREET ADDRESS 13361 Atlantic Boulevard
1.4 CITY- ST- ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE ASST
2.2 NAME JEAN M. DODSON
2.3 STREET ADDRESS 13361 Atlantic Boulevard
2.4 CITY- ST- ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. THOMAS DODSON, JR.; February 24, 1997; (904) 221-

Date

Daytime Phone #

2605

CR2E034 (9/96)