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03-01-1999 90206 024 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000079823**

1. Corporation Name
ABERCROMBIE, SIMMONS & GILLETTE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
902 WEST LUMSDEN ROAD SUITE 107 BRANDON FL 33511 US	10050 NORTHWEST FREEWAY SUITE 245 HOUSTON TX 77092 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14041 "A" Nc. Dale Mabry Hwy	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28
Zip / Country 24 33618 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualifed: 10/16/1995

4. FEI Number: 59-3338700 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TOWNSEND, RICHARD K
6028 CHESTER AVENUE
SUITE 101
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

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 _____ 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	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ABERCROMBIE, JAMES T		1.2 NAME		
STREET ADDRESS	24903 CANSTON COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGS TX		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TOWNEND, RICHARD K		2.2 NAME		
STREET ADDRESS	POST OFFICE BOX 48100, N.A		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32247-8100		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	WILLIAMSON, BRYANT G		3.2 NAME	Jacqueline Collins	
STREET ADDRESS	1111 CHESTNUT RIDGE		3.3 STREET ADDRESS	10607 Cranbrook	
CITY-ST-ZIP	KINGWOOD TX		3.4 CITY-ST-ZIP	Houston TX 77042	
TITLE	T	☒ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	HOWARD, JOHN D		4.2 NAME	Jacqueline Collins	
STREET ADDRESS	8307 WOODSONG, STE 166		4.3 STREET ADDRESS	10607 Cranbrook	
CITY-ST-ZIP	SPRING TX		4.4 CITY-ST-ZIP	Houston TX 77042	
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 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline Collins Jacqueline Collins 2/19/99 7137680333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #