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FILED  
Mar 20 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 # P96000009661 (5)

1. Corporation Name

SHIRT OFF MY BACK, INC.



Principal Place of Business

8155 HWY 29 N  
MOLINO FL 32577

Mailing Address

8155 HWY 29 N  
MOLINO FL 32577-5298

3. Date Incorporated or Qualified

01/23/1996

3a. Date of Last Report

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

4. FEI Number

59-3361614

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

HEATH, ROBERT N JR  
118 W CERVANTES ST  
PENSACOLA FL 32501

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 607.1506, 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 the person named in Section 12 or 13. If applicable, sign.

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ DELETE

D  
MOORE, WILLIAM T  
8155 HWY 29 N  
MOLINO FL 32577

12.2 NAME ☐ DELETE

D  
NEAL, COLIN E  
8155 HWY 29 N  
MOLINO FL 32577

12.3 NAME ☐ DELETE

12.4 NAME ☐ DELETE

12.5 NAME ☐ DELETE

12.6 NAME ☐ DELETE

12.7 NAME ☐ DELETE

12.8 NAME ☐ DELETE

12.9 NAME ☐ DELETE

12.10 NAME ☐ DELETE

12.11 NAME ☐ DELETE

12.12 NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP ☐ Change ☐ Addition

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP ☐ Change ☐ Addition

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP ☐ Change ☐ Addition

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP ☐ Change ☐ Addition

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 included 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  
is printed in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: x

W. T. Moore

WILLIAM T. MOORE

17 March 97 904.435-8722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Signed by

0492523

CR2E034 (9/96)