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May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009661

1. Corporation Name

SHIRT OFF MY BACK, INC.
D/B/A RIGHT ANGLES GALLERY

Principal Place of Business	Mailing Address
8155 HIGHWAY 29N MOLINO, FL 32577	8155 HIGHWAY 29N MOLINO, FL 32577

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/96

2. Principal Place of Business	2a. Mailing Address
21 1010 NORTH 12TH AVENUE	26 1010 NORTH 12TH AVENUE
Suite, Apt. #, etc. 22 SUITE 134	Suite, Apt. #, etc. 27 SUITE 134
City & State 23 PENSACOLA, FL	City & State 28 PENSACOLA, FL
Zip 24 32501	Country 25 USA
Zip 29 32501	Country 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEATH, ROBERT N. JR. 118 W. CERVANTES STREET PENSACOLA, FL 32501	81 Name: HEATH, ROBERT N JR. 82 Street Address (P.O. Box Number is Not Acceptable): 4300 BAYOU BOULEVARD 83 84 City: PENSACOLA **FL** 85 Zip Code: 32503

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P/S ☒ Change ☐ Addition
NAME	MOORE, WILLIAM T.	1.2 NAME	MOORE, WILLIAM T.
STREET ADDRESS	8155 HIGHWAY 29N	1.3 STREET ADDRESS	1316 EAST JACKSON STREET
CITY-ST-ZIP	MOLINO, FL 32577	1.4 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D ☐ DELETE	2.1 TITLE	T. ☒ Change ☐ Addition
NAME	NEAL, COLIN D.	2.2 NAME	NEAL, COLIN D.
STREET ADDRESS	8155 HIGHWAY 29N	2.3 STREET ADDRESS	3760 FOREST GLEN DRIVE
CITY-ST-ZIP	MOLINO, FL 32577	2.4 CITY-ST-ZIP	PENSACOLA, FL 32504
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	800002512898
STREET ADDRESS		6.3 STREET ADDRESS	-05/06/98--01029--021
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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.

SIGNATURE: X W.T. Moore 21 April 98 850-435-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone