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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000037030 (9)**

1. Corporation Name
GREAT SOUTHERN TEXTILES INC.

Principal Place of Business	Mailing Address
184 AZALEA ROAD **EDGEWATER FL 32141**	**184 AZALEA ROAD** **EDGEWATER FL 32141-7202**

3. Date Incorporated or Qualified: 04/30/1996
3a. Date of Last Report: not applicable

2. Principal Place of Business	2a. Mailing Address
21 184 Azalea Rd.	26 184 Azalea Rd.
Suite, Apt. #, etc. 22 Edgewater, FL.	Suite, Apt. #, etc. 27
City & State 23 32141	City & State 28 Edgewater, FL.
Zip 24 32141 Country 25 USA	Zip 29 32141 Country 30 USA

4. FEI Number: 59-338 1880 ☐ 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
STUART, RICHARD JR. this is a typo error 184 AZALEA ROAD EDGEWATER FL 32141 original was signed Sr. see below	81 Name: Stuart, Richard Sr, 82 Street Address (P.O. Box Number is Not Acceptable): 184 Azalea Road 83: Edge water, FL. 84 City: Edgewater FL 85 Zip Code: 32141

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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STUART, RICHARD SR.	1.2 NAME	
STREET ADDRESS	184 AZALEA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STUART, NOREEN	2.2 NAME	
STREET ADDRESS	184 AZALEA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	2.4 CITY-ST-ZIP	
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: Richard Stuart SR 1/25/97
SIGNATURE AND TITLE OR PRINT/TYPE NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #