## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000059788** (5)

FLORIDA INDUSTRIAL TEXTILES, INC.

Mailing Address Principal Place of Business

## **FILED** Feb 06 1997 8:00am Secretary of State



4450 60TH AVE ST. PETERSBUR		4450 60TH AVENUE NORT ST. PETERSBURG FL 337						
					3. Date Incorporated or Qualified 07/15/1996	3a. Date of L	ast Report	
2. Principal Pl	ace of Business	2a. Mailing Address	***************************************		4. FEI Number	0	Applied For	
21		26			59-339178	8 [	Not Applicable	
Surte, Apt. 22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	75 Additional se Required	
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be Ided to Fees	
24	25 29 30			lry	<ol> <li>This corporation has liability for intangible tax under s. 199.032,</li> <li>Florida Statutes ☐ Yes ☐ No</li> </ol>			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
WIE	R, JACK JR.		1	Name				
ALCO CATH AND				82 Street Address (P.O. Box Number is Not Acceptable)				
01. 1 CIENOSONO 1 E 307 14			ļ	33	· · · · · · · · · · · · · · · · · · ·			
				Gity		FL 85	Zip Code	
office or r	to the provisions of Sections 607.0502 eg stered agent, or bolh, in the State m fam-liar with, and accept the obliga	of Florida. Such change was	authorized	by the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of chang t the appointme	ging its registered nt as registered	
SIGNATURE.			TC D	A		DATE		
12.	Signature, typicd or printed name of registered ager OFFICERS AND		13.	Agent signature req	quired when reinslating) ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	
TITLE	DP OF THE PARTY OF	DELETE	1.1 7(7)	E ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ch		
NAME :	WIER, JACK JR		1.2 NA	1				
STREET ADDRESS	4450 60TH AVENUE NORTH			EET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33714			r-ST-ZIP				
TITLE	DV	DELETE	2.1 TITI			☐ Ch	ange Addition	
NAME	WEATHERS, JOHN		2.2 NAI	Æ.		*		
STREET ADDRESS	4450 60TH AVENUE NORTH		2.3 STF	EET ADDRESS				
CITY-\$1-ZIP	ST. PETERSBURG FL 33714		2.4 (0)	Y-ST-ZIP				
TITLE	DST	DELETE	3.1 1171			☐ Ch	ange Addition	
NAME	FREEMAN, JEFFREY D		3.2 NA	AE				
STREET ADDRESS	4450 60TH AVENUE NORTH		3351	EET ADDRESS				
CITY-S1-ZIP	ST. PETERSBURG FL 33714		3 4. Ci	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TiTi	.F		□ ch	ange	
NAME .			4 2 NA	ME				
STREET ADDRESS			4 3 STF	EET ADDRESS				
CITY-ST-7IP			4.4 CIT	Y-ST-ZIP				
TIŦLĒ		DELETE	5.1 TIT	.E		Cr	ange Addition	
NAME			5.2 NAI	NE				
STREET ADDRESS			5.3 STF	EET ADORESS				
CITY - ST - ZIF			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	.£		☐ Cr	ange Addition	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STF	EET ADORESS				
CITY-ST-ZIP				Y-ST-ZIP				
	by certify that the information supplied	d with this filing does not qua			ted in Section 119.07(3)(i), Florida Statute	s. I further certif	y that the	

idemontal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on the Lam an officer or director appears in Block 12 or electors.

SIGNATURE: