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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059788

. Corporation Name

FLORIDA INDUSTRIAL TEXTILES, INC.

					, , , , , , , , , , , , , , , , , , , ,				
Principal Place of Business Mailing Address					E INSTINUE ILE SOLID BLILL BOLL			18181 1811 1881	
4450 60TH AVENUE NORTH 4450 60TH AVENUE NORTH									
ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714									
						RITE IN THIS	SPACE		1
					3. Date Incorporated or Qualife	ed			
					07/15/1996				1
2. Principal Pl	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	•	<u> </u>	plied For	
21	1 26				<u>59-3391788</u>			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired	
City & State		City & State			6. Election Campaign Financin	g _	\$5.00	May Be	
23		28			Trust Fund Contribution	g 🗆	Added		ļ
Zip	Country Zip Coun			y	8. This corporation owes the current year Intangible				
24	25	29	30		Personal Property Tax.				
9. Name and Address of Current Registered Agent					10. Name and Address of Nev	v Registered	Agent]
			8	Name					
WIER	r, JACK JR.		<u> </u>		(0.0.0.)	-4-1-1-1			1
4450 60TH AVENUE NORTH			8:	Street A	Address (P.O. Box Number is Not Acce	ptable)			
ST. PETERSBURG FL 33714			8:	3					1
			84	City		· FI	85 Zip	Code	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 607.0505, Flor	ithorized by ida Statute	the corpors.	corporation submits this statement for the pration's board of directors. I hereby acc	ept the appo	f changing its intment as re	registered gistered	}
·	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · ·		ent signature rea	equired when reinstating)	DATE	UD DIDEOTO	NDC 151 40	- 5
12.	OFFICERS AND		13.	···	ADDITIONS/CHANGES TO C	OFFICERS A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Addition	1
TITLE	-		1.1 TITLE	-	•		Cloude	☐ Addition	1
NAME	THE I WHO I		1.2 NAME						3
STREET ADDRESS	4450 60TH AVENUE NORTH 1.3 ST		1.3 STRE	ET ADDRESS					Ì
CITY-ST-ZIP			1.4 CITY-	ST-ZIP					ŀ
TITLE	DV □ DELETE 2.1 TIT		2.1 TITLE				☐ Change	☐ Addition	`
NAME	NEATHERS, JOHN 22 NA		2.2 NAME						
STREET ADDRESS	4450 60TH AVENUE NORTH	2.3 ST		ET ADDRESS				•	ļ
CITY-ST-ZIP	ST. PETERSBURG FL 33714 2.40		2. 4 CITY-	ST-ZIP					1
TITLE	DST	☐ DELETE 3.1 m			:	• -	Change	Addition.	
NAME	FREEMAN, JEFFREY D		3.2 NAME						Ì
STREET ADDRESS	4450 60TH AVENUE NORTH	3.3 ST		ET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33714		3.4. CITY	ST-ZIP					1
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME			4. 2 NAMI	:					
STREET ADDRESS	4.3 S		4.3 STRE	ET ADDRESS					
CITY-ST-ZIP	4.4 CI		4.4 CITY-	ST-ZIP]
TITLE			5.1 TITLE				Change	☐ Addition	
NAME		t _e .	5.2 NAME	1	•				1
STREET ADDRESS		1	5.3 STRE	ET ADORESS					}

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 of mystee 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.

5.4 CITY-ST-ZIP

6.4 CITY+ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1 7el 99 727-527-212/

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90047 024 ***150.00

Daytime Phone #

☐ Change

☐ Addition

(2E034 (11/98)