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 # P96000096919

SOUTHERN WOODS SPORTSWEAR INC

| SOUTHE | niv WOODS SPONTSWEAN, | 41 4 0- | | | | | | |
|--|---|-----------------------------|--------------------|--|--------------------|---|--|------------------------|
| Principal Plac | e of Business | Mailing Address | | | | | | \$10 1011 100 1 |
| 7238 BRITTLE | ROAD | 17238 BRITTLE ROAD | 17238 BRITTLE ROAD | | | | | |
| ROOKSVILLE FL 34601 BROOKSVILLE FL 34601 | | | | | | DO NOT WRITE IN | THE CRACE | |
| | | | | | | 3. Date Incorporated or Qualifed | THIS SPACE | |
| | | | | | * | 1 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 11/27/1996 4. FEI Number | l An | plied For |
| 2. Fillicipal F | lace of Business | 26 | | | | 59-3465231 | | t Applicable |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | | \$8.75 | |
| 22 | , | 27 | | | | 5. Certificate of Status Desired | • | quired - |
| City & Sta | te | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added t | |
| Zip | Country | Zip | Cou | intry | | 8. This corporation owes the current ye | ar Intangible | ate |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | ☐ Yes | No |
| | 9. Name and Address of Curren | t Registered Agent | | 04 | NI | 10. Name and Address of New Regist | ered Agent | |
| COE | ODTLL DAVAD | | | 81 | Name | | | |
| GOFORTH, DAVID 17238 BRITTLE ROAD | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| | OKSVILLE FL 34601 | | | 02 | | | | |
| DNO | DROVILLE FL 34001 | | | 83 | | | | |
| | | | | 84 | City | | FL 85 Zip (| Code |
| <u>-</u> | | D 1007 4500 51 11 01- | | ــــــــــــــــــــــــــــــــــــــ | | oration submits this statement for the purpo | <u>- </u> | registered |
| office or | registered agent, or both, in the State am familiar with, and accept the obligation | of Florida. Such change was | s authorized | i by t | the corporatio | n's board of directors. I hereby accept the | appointment as re | gistered |
| SIGNATURE | | | | | | | | |
| 40 | Signature, typed or printed name of registered agen | | | Agent | signature required | t when reinstating) DA* ADDITIONS/CHANGES TO OFFICER | | DC IN 12 |
| 12. | OFFICERS AN | D DIRECTORS DELETE | 13. | n c | | ADDITIONS/CHANGES TO OFFICER | ☐ Change | Addition |
| TITLE | | | | | | C cuango | | |
| NAME | GOFORTH, DAVID W | | | 1.2 NAME | | | | |
| | 17238 BRITTLE ROAD | | | 1.3 STREET ADDRESS 1.4 CiTY-ST-ZIP | | | | |
| CITY-ST-ZIP TITLE | S | OOKSVILLE FL 34601 | | | - 2117 | | Change | Addition |
| | - | | | | , | | _ | |
| NAME | 17238 BRITTLE ROAD | CONCECUM, CHAIRING | | | ADDRESS | | | |
| | | | | TY-ST | | | • | |
| CITY-ST-ZIP TITLE | | | 3.1 TI | | 1-21- | | ☐ Change | Addition |
| NAME | | | 3.2 NA | | | | | _ |
| STREET ADDRESS | | | | | ADDRESS | | | } |
| CITY-ST-ZIP | | | | TY-ST | | | | |
| TITLE | | ☐ DELETE | 4.1 Tr | _ | | | ☐ Change | ☐ Addition |
| NAME | | | 4. 2 N | AME | | | | |
| STREET ADDRESS | | | 4.3 ST | REET | ADDRESS | | | } |
| CITY-ST-ZIP | | | 4.4 Cf | TY-ST- | -ZIP | | | 1 |
| TITLE | DELETE 5.1 TI | | | | | ☐ Change | Addition | |
| NAME: | | | 5.2 N | ME | | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CI | TY-ST | -ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 Tr | TLE | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NA | WE. | | | | |
| STREET ADDRESS | 1 | | 6.3 ST | REET | ADDRESS | | | |

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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90104 048 ***150.00