

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 # P96000100309 (9)

1. Corporation Name  
SILVER THREADS, INC.

Principal Place of Business

POST OFFICE BOX 642  
LAKE CITY FL 32056-0842

Mailing Address

POST OFFICE BOX 642  
LAKE CITY FL 32056-0842

2. Principal Place of Business

21 PO Box 265  
Suite, Apt. #, etc.

22 City & State  
23 MCALPIN, FL

24 Zip  
32062

Country  
25 USA

2a. Mailing Address

26 PO Box 265  
Suite, Apt. #, etc.

27 City & State  
28 MCALPIN, FL

29 Zip  
32062

Country  
30 USA

3. Date Incorporated or Qualified

12/12/1996

3a. Date of Last Report

NA

4. FEI Number

59-3416170

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

FLANIGAN, MARY LOU  
LONNIE LANE  
LAKE CITY FL 32056

10. Name and Address of New Registered Agent

81 Name  
FLANIGAN, MARY LOU  
82 Street Address (P.O. Box Number is Not Acceptable)  
16256 93RD DRIVE  
83  
84 City  
LIVE OAK FL 85 Zip Code  
32060

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
FLANIGAN, MARY LOU  
STREET ADDRESS  
POST OFFICE BOX 642 N/A  
CITY-ST-ZIP  
LAKE CITY FL 32056-0842

TITLE  
NAME  
FLANIGAN, MARY LOU  
STREET ADDRESS  
PO BOX 642  
CITY-ST-ZIP  
LAKE CITY, FL 32060 NA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
FLANIGAN, MARY LOU  
16256 93RD DRIVE  
LIVE OAK, FL 32060

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
FLANIGAN, MARY LOU  
16256 93RD DRIVE  
LIVE OAK, FL 32060

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
000002236450--9  
-07/11/97--0111--025  
\*\*\*\*165.00 \*\*\*\*165.00

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: MARY LOU FLANIGAN  
6/01/97 904/364-4955

FILED  
97 JUL -9 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)