## 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 # P9800070219

1. Corporation Name

JIM TATUM'S TUX SHOP, INC.

<b>51111</b> 1717								
Principal Place	of Business	Mailing Address						
5318 NORMAND	Y BLVD	5318 NORMANDY BLVD				,		
JACKSONVILLE	JACKSONVILLE FL 32205	MLLE FL 32205			DO NOT WRITE IN TH	IS SPACE		
					ļ	3. Date incorporated or Qualifed	3 OF AGE	
					-	08/07/1998		į
O Deinstead Di	ace of Business	2a. Mailing Address				4. FEI Number	— I Ar	oplied For
— ·	ace of Business		RLY	ፈባባ ጋ	2	59-3535664	<u>`</u>	ot Applicable
Suite, Apt.	# ata	26 <b>Post OttiC</b> Suite, Apt. #, etc.	Oox	3110			\$8.75	
<b>─</b> '''	#, etc.	27				5. Certifcate of Status Desired	•	equired
City & State	P	City & State				6. Election Campaign Financing	\$5.00	May Be
23	9	28 Jacksonville	F	L		Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	try		8. This corporation owes the current year I	ntangible	
24	25	<u>├</u>	o V	SA		Personal Property Tax.	Yes Yes	□No
2-7	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registere	d Agent	
				81 Name	-	7. A.,		
THRIFT, MARY JANNA				82 Street	Addres	aTum		
5318	NORMANDY BLVD			12 (	03 2	ss (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32205				83				
								Codo
				84 City	ar V s	sonville F	L 85 Zip,	2202 Code
44 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	the ab	ava_named	COLDO	ation submits this statement for the burbose.	of changing its	registered
office or r	existered agent or both in the State (	of Florida. Such change was aut	nonzea	by the corp	oration	's board of directors. I hereby accept the app	ointment as re	egistered
agent. 1 a	m familiar with, and accept the obligat	ions of, section 607.0505, Florid	ia Sialu	.es.		1-25	<del>20</del>	
SIGNATURE	Signature, typed or printed name of legistered age	and title if applicable. (NOTE: R	egistered /	Igent signature	required w	then reinstating) DATE	<u> </u>	<del></del>
12.	OFFICERS AN		13.	-		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	D	<b>⊠</b> DELETE	1.1 TITI	.E	0		☐ Change	<b>⊠</b> Addition
NAME	THRIFT, MARY JANNA		1.2 NA	Æ	Tin	n Tatum		1
STREET ADDRESS	5318 NORMANDY BLVD		1.3 STF	REET ADDRESS	130	or wolfe street		
CITY-ST-ZIP	JACKSONVILLE FL 32205		1.4 CIT	Y-ST-ZIP		exsonville FL 33305		
TITLE	CHOROCITYIEEE I E GEEGE	☐ DELETE	2.1 TITI				☐ Change	☐ Addition
NAME			2.2 NA	AE.				
			23 STE	REET ADDRESS				
STREET ADDRESS				Y-ST-ZIP				Į
CITY-ST-ZIP		☐ DELETE	3.1 TIT		1		Change	Addition
NAME			3.2 NA					}
				REET ADDRESS				
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT		<del>                                     </del>		Change	☐ Addition
			4. 2 NA		ì			
NAME				REET ADDRESS				į
STREET ADDRESS					Ί			
CITY-ST-ZIP		☐ DELETE	4.4 CIT	Y-ST-ZIP LE	+		☐ Change	Addition
TITLE			5.2 NA				_ ~	-
NAME				REET ADDRESS	,			Ì
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TIT		<del>                                     </del>	<del>-</del>	☐ Change	Addition
TITLE		ا عدداد	6.2 NA				_ •	
NAME expect apprece				REET ADDRESS	,			Ì

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NTED HAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90126 029 \*\*\*150.00