

DOCUMENT # P98000104021

1. Entity Name
CUSTOM THREADS, INC.

Principal Place of Business
1630 E OLD BAINBRIDGE RD
TALLAHASSEE FL 32303

Mailing Address
PO BOX 14001
TALLAHASSEE FL 32317

2. Principal Place of Business
2585 CENTERVILLE RD

3. Mailing Address
Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

Zip
32308

Country

City & State

Zip

Country

4. FEI Number 59-3547547

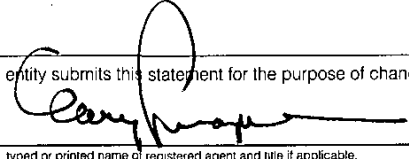
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPRAGUE, GARY
2020 OXBOTTOM RD.
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SPRAGUE, GARY
STREET ADDRESS	2020 OXBOTTOM RD.
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	D <input type="checkbox"/> Delete
NAME	FANNIN, DAVID
STREET ADDRESS	3222 DUNGARVAN DR.
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  GARY SPRAGUE 1/5/01 893-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90010 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)