

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S02452 (8)

1. Corporation Name

JRJ FORMALWEAR, INC.



Principal Place of Business

3302 MLK BLVD  
STE 2075  
TAMPA FL 33607  
US

Mailing Address

3302 MLK BLVD  
STE 2075  
TAMPA FL 33607  
US

3. Date Incorporated or Qualified

09/24/1990

3a. Date of Last Report

02/06/1995

4. FEI Number

59-3028335

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, NEIL

3302 MARTIN LUTHER KING BLVD., #2075  
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
COLLINS, NEIL  
STREET ADDRESS  
4220 FORESTER LN  
CITY-STATE-ZIP  
TAMPA FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
COLLINS, LYNDIA  
STREET ADDRESS  
4220 FORESTER LN  
CITY-STATE-ZIP  
TAMPA FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

4.2 NAME

CITY-STATE-ZIP ☐ DELETE

4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY-STATE-ZIP

NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

5.2 NAME

CITY-STATE-ZIP ☐ DELETE

5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY-STATE-ZIP

NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

6.2 NAME

CITY-STATE-ZIP ☐ DELETE

6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 CITY-STATE-ZIP

NAME ☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-96 813-875-3672

CR2E034 (12/95)