Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90091 010 ***150.00

/ 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 # \$05653

1. Corporation								
SEQUIN	S & DENIM, INC.							
						<u> </u>	 	
Principal Place of Business Mailing Address								
6840 22 AVENUE NORTH 6840 22 AVENUE NORTH						İ		
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 US US			ט			DO NOT WRITE IN THIS	SPACE	
US US						3. Date Incorporated or Qualifed		
						09/25/1990		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21		26				59-3033162	No	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	 		•		\$8.75	Additional
22	•	27				5. Certificate of Status Desired	Fee Re	equired
City & Stat	le ·	City & State				6. Election Campaign Financing	\$5.00	May Be
23	•	28				Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Int	angible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
				81 Nam	е			Į
COAD, VICKY S.				82 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
6840 22 AVENUE NORTH				0	,, , , , , , , , , , , , , , , , , , ,	55 (: 1.9. 55X (1611155) 15 (1617155-p-1-17)		•
ST. PETERSBURG FL 33710				83				
.*				84 City			85 Zip 6	Code
				O4 City		FL.	. 03 2.10	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove-name	d corpo	ration submits this statement for the purpose of	changing its	registered
office or r	registered agent, or both, in the State on In familiar with, and accept the obligat	of Florida. Such change was a ions of, Section 607.0505. Flo	uthorized rida Stati	i by the coi utes.	poration	n's board of directors. I hereby accept the appoi	nunent as re	gistered
SIGNATURE	and the second s	,						}
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered	Agent signatur	e required	when reinstating) DATE		
12.	OFFICERS AN		13.			'ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	VPS	☐ DELETE	1.1 10	TLE			☐ Change	☐ Addition
NAME	COAD, VICKY S.		1.2 N	ME		•		Į
STREET ADDRESS			1.3 \$7	REET ADORES	s			1
CITY-ST-ZIP	ST. PETERSBURG FL 33710		1,4 CI	TY-ST-ZIP		<u></u>		
TITLE	PT ,		2.1 TIT	rle:			Change	☐ Addition
NAME	DARNELL, SHIRLEY M		2.2 NA	ME		•		ļ
STREET ADDRESS	6840 22 AVENUE NORTH		2.3 81	REET ADDRES	s			
CITY-ST-ZIP	ST. PETERSBURG FL 33710		2.4 C	ITY-ST-ZIP		<u> </u>		
TITLE		☐ DELETE	3.1 Π	rle .			☐ Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS	.]		3.3 \$1	REET ADDRES	s			
CITY-ST-ZIP			3.4. C	TY-ST-ZIP				
TITLE		~ □ DELETE	4.1 TT	TLE .			Change	☐ Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 \$1	REET ADDRES	is			Ì
CITY-ST-ZIP			4.4 Cf	TY-ST-ZIP				
TITLE		☐ DELETE	5.1 TI	r.E			☐ Change	☐ Addition
NAME			5.2 N#	WE				
STREET ADDRESS	•		5.3 \$1	REET ADDRES	ss			}
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP		·		
TITLE		☐ DELETE	6.1 TI	n.e			☐ Change	☐ Addition
NAME			6.2 NA	ME	1			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS