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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIVISION OF C	CORPORATIONS		
DOCUN 1. Corporation	MENT # \$172	35 (0)			
ISLAN	D T-SHIRT FACTORY, INC).		£ 1860(818 hB) (1811 168) (1884 11888 1	181 8111 Biğir 81511 Biğir 81811 Biğir 21611 1821
Principal Place of Business		Mailing Address		T (001/010 101 (101) 10010 1/000 II	101 GIII GIGII GIBII GIBII GIGII GIBII GIBII 1891
140 49TH ST., OCEAN MARATHON FL 33050		140 49TH ST., OCEAN MARATHON FL 33050			
		US		3. Date Incorporated or Qualified	3a. Date of Last Report
				11/20/1990	04/25/1995
2. Principa' Place of Business		2a. Mailing Address		4. FEI Number 65-0232084	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be
23 Ζφ	Country	28 Zip	Country	8. This corporation has liability for in	Added to Fees https://doi.org/10.0000/10.000000000000000000000000000
24	25		30	Fiorida Statutes X Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
CHYDI	IN, JAMES D.				
	TH ST., OCEAN		82 Street Addi	dress (P.O. Box Number is Not Acceptable)	
	'HON FL 33050		83		
			84 City		85 Zip Code
					FL T
or registere	d agent, or both, in the State of Flor	ida. Such change was authorize	s, the above named corpor d by the corporation's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	pose of changing its registered office bintment as registered agent. I am
	i, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.			
SIGNATURE _	Ajnature, 1500d or smitted hatter of respectives; a juri	प्रकार प्रभावित प्राप्तकार विश्वी	: Regelered Agent signature regime	divibe idensiting	(A*t
12.		SD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D Chaplin, F. James	☐ DECETE	1 1 TITLE		Change Addition
NAME STREET ADDRESS	5190 OVERSEAS HWY.		1.2 NAME 1.3 STHEET ADDRESS		
CITY-ST-ZIP	MARATHON, FL 33050		1.4 CITY - ST - ZIP		
TIFLE	D	DELET:	2 1 THILE		☐ Change ☐ Addition
NAMÉ	CHAPLIN, BETTYE B.		2.3 NAME		
STREET ADDRESS	5190 OVERSEAS HWY.		2 3 STREET ADDRESS		
C(TY-ST-Z)F	MARATHON, FL 33050		2.4 CHTY - ST - ZIP		
TITLE	P	DELETE	3 1 TITLE		Change Addition
NAME	CHAPLIN, JAMES D. 5190 OVERSEAS HWY.		3 2 NAME		
STREET ADDRESS	MARATHON, FL 33050		3.3 STREET ADDRESS		į
CITY - ST - ZIP TITLE	markillon, it 30000	☐ DELETE	3.4 CHY-ST-ZIP 4.1 THLE		Change Addition
NAME			4.2 NAME		2 , 1
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY - ST - ZiP			4.4 CHY+ST ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change C Addition
NAME			5.2 NAMé		
STREE! ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		Flocitie	5.4 C(TY - ST - Z(P		Change C AddDing
TITLE		□ DETEIG	6 1 TIFLE		Change Addition
NAME CIRCEL ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		
	certify that the information supplied	with this fling is voluntarily furnis		for the exemption stated in Section 119, ate and that my signature shall have the	07(3)(k), Fiorida 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 it 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 a an attachment with an address.

GNATURE:

GNATURE:

GNATURE:

Day, the Phone *

SIGNATURE: