

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 # **S68075** (8)

1. Corporation Name

TREASURE COAST SPORTSWEAR, INC.



Principal Place of Business

**5300 GLADES CUTOFF ROAD
FORT PIERCE FL 34981-4613**

Mailing Address

**5300 GLADES CUTOFF ROAD
FORT PIERCE FL 34981-4613**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BECHT, EDWARD W.
321 SOUTH SECOND STREET
FORT PIERCE FL 34950**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/23/1991

3a. Date of Last Report

03/23/1995

4. FEI Number

65-0278801

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

10. Name and Address of New Registered Agent

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 each registered agent and director applicable

NOTE: Registered Agent's signature is required when changing

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BUSCH, PETER W.

**5300 GLADES CUTOFF ROAD
FORT PIERCE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV

WESTENHAVER, JAMES M.

**5300 GLADES CUTOFF ROAD
FORT PIERCE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

TRABULSY, PAUL

**5300 GLADES CUTOFF ROAD
FORT PIERCE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV

FRESCHI, JOHN C.

**5300 GLADES CUTOFF ROAD
FORT PIERCE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE

21 NAME

22 STREET ADDRESS

23 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY - ST - ZIP

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY - ST - ZIP

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(407) 461-8644

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