

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 13 1997 8:00am  
Secretary of State

DOCUMENT # **S80348**

(3)

1. Corporation Name

**T SHIRTS PLUS AT THE AVENUES, INC.**



Principal Place of Business

**10300 SOUTHSIDE BLVD.  
SUITE 247  
JACKSONVILLE FL 32256  
US**

Mailing Address

**6491 LITTLE LILY LAKE ROAD  
KEYSTONE HEIGHTS FL 32656-7812**

2. Foreign Place of Business

21 State Agency #

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**09/16/1991**

3a. Date of Last Report

**01/29/1996**

4. FEI Number

**59-3082107**

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

9. Name and Address of Current Registered Agent

**CORBETT, BARKER DEAN  
6491 LITTLE LILY LAKE ROAD  
KEYSTONE HEIGHTS FL 32656**

10. Name and Address of New Registered Agent

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, for the wife, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

NAME	DELETE
PD CORBETT, BARKER DEAN 6491 LITTLE LILY LAKE ROAD KEYSTONE HEIGHTS FL	<input type="checkbox"/>
VPD CORBETT, STEVAN DEAN 521 AIKEN ROAD JACKSONVILLE FL	<input type="checkbox"/>
STD CORBETT, PATRICIA 6491 LITTLE LILY LAKE ROAD KEYSTONE HEIGHTS FL	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY - ST - ZIP	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY - ST - ZIP	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY - ST - ZIP	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY - ST - ZIP	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	5.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	6.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, 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 included in 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 this 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 amendment with an address.

SIGNATURE:

*Barker Dean Corbett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/28/97* *904-363-1099*  
DATE TELEPHONE #

CR2E034 (9/96)