FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V22136 (8)

1. Corporation Name
T-SHIRT EXPRESS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
428 GOODLETTE RD S NAPLES FL 33940	428 GOODLETTE RD S NAPLES FL 33940

3. Date Incorporated or Qualified: 03/16/1992
3a. Date of Last Report: 03/21/1995

2. Principal Place of Business
21: 938 3RD AVE, NORTH
22: Suite, Apt. #, etc.
23: City & State: NAPLES, FL.
24: Zip: 33940 25: Country: USA

2a. Mailing Address
26: 938 3RD AVE NORTH
27: Suite, Apt. #, etc.
28: City & State: NAPLES FL.
29: Zip: 33940 30: Country: USA

4. FEI Number: 65-0321066 ☐ 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

GROENTEMAN, BARBARA J.
428 GOODLETTE RD S
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: GROENTEMAN BARBARA J.
82 Street Address (P.O. Box Number is Not Acceptable): 938 3RD AVE NORTH
83:
84 City: NAPLES FL. FL 85 Zip Code: 33940

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: BARBARA GROENTEMAN Barbara Groenteman PRES. 4/8/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GROENTEMAN, BARBARA	1.2 NAME	
STREET ADDRESS	1651 BERMUDA GREENS BLVD, C-7	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Barbara Groenteman BARBARA GROENTEMAN 4/8/96 941-261-2149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)