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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90192 011 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V31981

1. Corporation Name
FLORIDA OUTLETS, INC.

Principal Place of Business
10769-05 BEACH BLVD.
JACKSONVILLE FL 32216

Mailing Address
P. O. BOX 51448
JACKSONVILLE BEACH FL 32240
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/28/1992

4. FEI Number
58-1985185

Applied For
No 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

ELLIS, ROBERT L.
10769-05 BEACH BLVD.
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name Sue F. Ellis
82 Street Address (P.O. Box Number is Not Acceptable)
129 Deer Cove Drive
83
84 City Ponte Vedra Beach FL 85 Zip Code 32082

11. Pursuant to the provisions of Sections 607.0507 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 Sue F. Ellis

Signature, typed or printed name of registered agent and title if applicable.

(NOT E-Registered Agent signature required when reinstating)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ELLIS, ROBERT L.
STREET ADDRESS 10769-05 BEACH BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME ELLIS, SUE F.
STREET ADDRESS 10769 BEACH BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME GLEATON, JAMES III
STREET ADDRESS 10769 BEACH BLVD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 129 Deer Cove Drive
2.4 CITY-ST-ZIP Ponte Vedra Beach FL 32082

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 3410 Park Street
3.4 CITY-ST-ZIP Jacksonville FL 32205

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: Sue F. Ellis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

904-565-1680

Daytime Phone #

CR2E034 (1/98)