SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **F92000000673 (5)**

1. Corporation Name
THE LEATHER FACTORY, INC.

Principal Place of Business	Mailing Address
AMERICAN LEATHER COMPANY 1214 W. CASS STREET TAMPA FL 33606 US	3847 E LOOP 820 SOUTH FORT WORTH TX 76119 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1992

4. FEI Number: 75-1721123 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: 4901-A RIO VISTA	Suite, Apt. #, etc. 27:
City & State 23: TAMPA, FL	City & State 28:
Zip 24: 33634 Country 25: US	Zip 29: Country 30:

9. Name and Address of Current Registered Agent

BLAINE, ISBELL
1214 W CASS ST
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4901-A RIO VISTA
83:
84 City: TAMPA 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 familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: BLAINE ISBELL (SIGNATURE NOT REQ'D)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, WRAY		1.2 NAME		
STREET ADDRESS	3847 E LOOP 820 SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76119		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, RON		2.2 NAME		
STREET ADDRESS	3847 E LOOP 820 SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76119		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, ROBIN L		3.2 NAME		
STREET ADDRESS	3847 E LOOP 820 SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	HOWELL, FRED N		4.2 NAME	ANTHONY C. MORTON	
STREET ADDRESS	3847 E LOOP 820 SOUTH		4.3 STREET ADDRESS	3847 E. LOOP 820 SOUTH	
CITY-ST-ZIP	FT WORTH TX		4.4 CITY-ST-ZIP	FORT WORTH, TX 76119	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, JON W.		5.2 NAME		
STREET ADDRESS	3847 E. LOOP 820 SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANGUS, MARK J		6.2 NAME		
STREET ADDRESS	3847 E. LOOP 820 SOUTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX		6.4 CITY-ST-ZIP		

CR2E034 (5/98)

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.

SIGNATURE: [illegible] [illegible] (Printed Name of Officer) 7/9/98 (817) 496-4414