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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # F92000000673

1. Corporation Name
THE LEATHER FACTORY, INC.

Principal Place of Business	Mailing Address
AMERICAN LEATHER COMPANY 4901-A RIO VISTA TAMPA FL 33634 US	3847 E LOOP 820 SOUTH FORT WORTH TX 76119 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/14/1992	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 75-1721123	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLAINE, ISBELL 4901-A RIO VISTA TAMPA FL 33606	81 Name ALEX MILLER 82 Street Address (P.O. Box Number is Not Acceptable) 4901-A RIO VISTA 83 84 City TAMPA FL 85 Zip Code 33606

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 ALEX MILLER — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/26/99

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	☐ Change ☐ Addition
NAME	MORTON, ANTHONY C.		4. 2 NAME	
STREET ADDRESS	3847 E LOOP 820 S		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX 76119		4.4 CITY-ST-ZIP	
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	

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: SIGNATURE REQUIRE Robin L. Morgan — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBIN L. MORGAN VP-ADMIN — Date 4/24/99 — Daytime Phone # (817)496-4414

CR2E034 (11/98)