

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Mottman  
Secretary of State  
1900 Bay Street, Room 404  
Tallahassee, Florida 32399-0404

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **J85584** (7)  
THE LEATHER SHOP OF LAKE CITY, INCORPORATED

95 MAY -1 AM 11:16

Principal Place of Incorporation: RT 13 BOX 984 LAKE CITY FL 32055  
Mailed Address: RT 13 BOX 984 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Incorporation		2a. Mailed Address		3. Date Prepared for Filing	3a. Date of Last Report
21		26		08/15/1987	05/01/1994
4. FLE Number		5. Certificate of Status Desired		Applied For / Not Applicable	
22		27		59-2839078	
23		28		6. Election Campaign Financing / Trust Fund Contributions	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FAIRCLOTH, BETTY RT 13 BOX 984 LAKE CITY FL 32055				81. Name			
				82. Street Address, P.O. Box Number, Not Applicable			
				83.			
				84. City			
				FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607.011, 607.012, and 607.1506, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office of record to a part 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 Sections 607.011, 607.012, and 607.1506, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	PVD FAIRCLOTH, BETTY A.	1. NAME	
2. STREET ADDRESS	RT 13 BOX 984	2. STREET ADDRESS	
3. CITY	LAKE CITY FL	3. CITY	
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	

**REMITTED BY MAY 1**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is not required, for the corporation stated in Section 607.011, Florida Statutes. I further certify that the information is not filed on the annual report or supplemental annual report as required and I am a director and that my signature is not from the same legal office as that of any other officer or director of the corporation. If the name of any officer or director is changed from the name on the report, I shall file a separate report as required by Chapter 607, Florida Statutes, and that my true name appears in Block 1 of the report or on an affidavit with an address.

SIGNATURE: *Betty A. Faircloth*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95 904-752-4576