

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S07161

(O)

1. Corporation Name

SALTZ COMFORT SHOES, INC.

FILED
 95 JUL 25 AM 9:03
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1001 28TH AVE. N.
 ST. PETERSBURG FL 33704

1001 28TH AVE. N.
 ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/09/1990

3a. Date of Last Report

07/29/1994

4. FBI Number

59-3075962

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUH, CHARLES E.
248 MIRROR LAKE DR. N.
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature: (Print or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SALTZ, JAMES E.
STREET ADDRESS	325 SOUTH 1ST
CITY, ST, ZIP	TUCUMCAR NM
TITLE	D
NAME	SALTZ, MATTHEW T.
STREET ADDRESS	1001 28TH AVE N.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	Saltz, Matthew T.	
1.3 STREET ADDRESS	1001 28th Ave. N	
1.4 CITY, ST, ZIP	St. Petersburg, FL	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Saltz, James E.	
2.3 STREET ADDRESS	325 South First	
2.4 CITY, ST, ZIP	Tucumcari, NM	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Saltz, Matthew T.	
3.3 STREET ADDRESS	1001 28th Ave. N	
3.4 CITY, ST, ZIP	St. Petersburg, FL	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	Saltz, James E.	
4.3 STREET ADDRESS	325 South First	
4.4 CITY, ST, ZIP	Tucumcari, NM	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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 (changed, or on an attachment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Phone #)

(James E. Saltz Jr.) 7/18/95 505 461 2222

CR2E034 (3/95)