

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V39792** (9)

1. Corporation Name

A PLUS SHOE & BOOT REPAIRS, INC.



Principal Place of Business

**123 SUNWOOD COURT
KISSIMMEE FL 34743**

Mailing Address

**123 SUNWOOD COURT
KISSIMMEE FL 34743**

3. Date Incorporated or Qualified
05/27/1992

3a. Date of Last Report
06/06/1995

2. Principal Place of Business

21 **3468 13th Street**

2a. Mailing Address

26 **3468 13th St**

Suite, Apt. #, etc.

22 **St Cloud**

Suite, Apt. #, etc.

27 **St Cloud, FL**

City & State

23 **Florida**

City & State

28

Zip

24 **34769**

Country

25 **Oscola**

Zip

29 **34769**

Country

30 **Oscola**

9. Name and Address of Current Registered Agent

**DANLEY, RICHARD D
3501 13TH STREET
ST CLOUD FL 34769**

10. Name and Address of New Registered Agent

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 607.1506, 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, typed or printed name of the person signing this report)

(NOTE: Registered Agent's separate record will be maintained)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P
STANLEY, GIFFORD
123 SUNWOOD COURT
KISSIMMEE FL 34743**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**ST
STANLEY, BEATRICE
123 SUNWOOD COURT
KISSIMMEE FL 34743**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 119.07(3)(k), 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: **Beatrice Stanley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

892-1331
Date of Filing

CR2E034 (12/95)