


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90063 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 365200
 1. Corporation Name
H. BUTLER FOOTWEAR, INC.

Principal Place of Business POST OFFICE BOX 1867 BRADENTON FL 34206	Mailing Address POST OFFICE BOX 1867 BRADENTON FL 34206
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip	28 [] Country
24 []	29 []
25 []	30 []

3. Date Incorporated or Qualified 06/03/1970	Applied For Not Applicable
4. FEI Number 59-1296178	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALTERS, CLIFF
802 11TH STREET WEST
BRADENTON FL 34205

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUTLER, KAYE	
STREET ADDRESS	4597 15TH STREET E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, BEVERLEY B.	
STREET ADDRESS	4597 15ST STREET E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUTLER, ALLEN J.	
STREET ADDRESS	4597 15TH STREET E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HALL, WILLIAM A.	
STREET ADDRESS	11336 RIVERS BLUFF CIR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Hartsfield, Iola N.	
STREET ADDRESS	22123 26th Avenue, E.	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	Hartsfield, Iola N.
5.4 CITY-ST-ZIP	22123 26th Avenue, E. Bradenton, FL 34202
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: X *[Signature]* **SIGNATURE REQUIRED** 3/18/99 941-739-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

030203A-141000