

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 507580 (9)

1. Corporation Name  
ED STEWART SHOES, INC.



Principal Place of Business  
C/O NATURALIZER SHOES  
SANTA ROSA MALL E-3  
MARY ESTHER FL 32569

Mailing Address  
C/O NATURALIZER SHOES  
SANTA ROSA MALL E-3  
MARY ESTHER FL 32569

3. Date Incorporated or Qualified 07/21/1976  
3a. Date of Last Report 06/04/1996

2. Principal Place of Business  
21 C/O Naturalizer Shoes  
Suite, Apt. #, etc. #439 Naturalizer Shoes

4. FEI Number 59-1684134  
Applied For Not Applicable

22 1801 N.W. U.S. Hwy 19  
City & State  
23 Crystal River, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 34428  
Country  
25 Citrus  
26 34428  
Country  
27 34428  
Country  
28 Citrus

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

g. Name and Address of Current Registered Agent

RAYMOND, J. PAUL  
400 CLEVELAND ST.  
CLEARWATER FL 34615

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	STEWART, EDWARD S	
STREET ADDRESS	C/O NATURALIZER SHOES, SANTA ROSA MALL E-3	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RAYMOND, PAUL J	
STREET ADDRESS	400 CLEVELAND ST., STE. 900	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stewart, Edward S	
1.3 STREET ADDRESS	C/O Naturalizer Shoes #439	
1.4 CITY-ST-ZIP	Crystal River, FL 34442	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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.

SIGNATURE:

SIGNATURE REQUIRED

*[Signature]* 3497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone, #

CR2E034 (9/96)