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 # **582637** **(5)**

1. Corporation Name
DISCOUNT SHOES, INC.

Principal Place of Business
3227 E. GAME FARM ROAD
PANAMA CITY FL 32405
US

Mailing Address
3227 E. GAME FARM ROAD
PANAMA CITY FL 32405
US

3. Date Incorporated or Qualified: **08/17/1978**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 3123 E. Bus. Hwy 98
22 Suite, Apt. #, etc. —
23 City & State T
24 Zip 32401 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number **59-1849694** 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

9. Name and Address of Current Registered Agent
CAIN, JOSEPH R
621 BARTON AVE
PANAMA CITY, FL
32404

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3227 E. Game Farm Road
83
84 City **FL** 85 Zip Code 32405

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: Officer/Director of Corporation or Registered Agent — Registered Agent's signature is required if registered agent is changing — DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	☐ DELETE
NAME	CAIN, CHARLOTTE	
STREET ADDRESS	3227 E. GAME FARM ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	C	☐ DELETE
NAME	CAIN, JOHN L	
STREET ADDRESS	3123 E BUSINESS HWY 98	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	P	☐ DELETE
NAME	CAIN, JOSEPH R	
STREET ADDRESS	3227 E. GAME FARM ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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: Charlotte C. Cain — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1-20-96 Date — (904) 785-1132 Daytime Phone #

Charlotte C. Cain Secy/Treas