

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 840843 (7)

1. Corporation Name

HAPPY FOOT, INC.



Principal Place of Business

Mailing Address

1294 N. OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

1294 N. OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

3. Date Incorporated or Qualified

06/09/1978

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNEPPER, MARTIN
10 BAY POINTE DR.
ORMOND BEACH FL 32174

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY, ST, ZIP

PD
KNEPPER, MARTIN M.
10 BAY POINTE DR.
ORMOND BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY, ST, ZIP

S
KNEPPER, JANICE
10 BAY POINTE DR.
ORMOND BEACH FL

DELETE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)