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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 849790

(1)

1. Corporation Name

FATHER & SON SHOE STORES CO.

Principal Place of Business

780 HARRY L DRIVE
JOHNSON CITY NY 13780
US

Mailing Address

780 HARRY L DRIVE
JOHNSON CITY NY 13780-1036
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/22/1981

3a. Date of Last Report

05/01/1996

4. FEI Number

22-2335406

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE

NAME DIANE M WARD
STREET ADDRESS 77 SXHOFIELD ROAD
CITY-ST-ZIP CONKLIN NY

TITLE P ☐ DELETE

NAME STRICKER, ALBERT N
STREET ADDRESS 999 GILLEN
CITY-ST-ZIP BINGHAMTON NY

TITLE D ☒ DELETE

NAME HEMPSTEAD, G.
STREET ADDRESS 99 WOOD AVE S
CITY-ST-ZIP ISELIN NJ

TITLE D ☒ DELETE

NAME JAMES LOFREDO
STREET ADDRESS 99 WOOD AVENUE SOUTH
CITY-ST-ZIP ISELIN NJ

TITLE V ☒ DELETE

NAME BLENN, ROBERT W.
STREET ADDRESS 51 PENNSYLVANIA RD
CITY-ST-ZIP JOHNSON CITY NY

TITLE CFO ☐ DELETE

NAME DEL ROSSO, PAUL J.
STREET ADDRESS 2943 NORTHWOOD DR.
CITY-ST-ZIP ENDWELL NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary & Director ☐ Change ☒ Addition

1.2 NAME Lawrence H. Kyte, Jr.
1.3 STREET ADDRESS 5805 Mohican
1.4 CITY-ST-ZIP Cincinnati, OH 45243

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Chairman & Director ☐ Change ☒ Addition

3.2 NAME George W. Newman, III
3.3 STREET ADDRESS 9825 Cunningham Road
3.4 CITY-ST-ZIP Cincinnati, OH 45243

4.1 TITLE Treasurer & Director ☐ Change ☒ Addition

4.2 NAME Scott E. Davis
4.3 STREET ADDRESS 56 Henry Avenue
4.4 CITY-ST-ZIP Fort Thomas, KY 41075

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Vice President & CFO ☒ Change ☐ 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:

Paul J. Delrosso VP/CFO 4/26/97 (607) 770-6735

CR2E034 (9/96)