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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F17943

(4)

FACTORY MAN SAFETY SHOE & SUPPLY CO.

				:			
Principal Place of Business Mailing Address				·			
6176 STANLEY LANE P.O. BOX 7324 DELRAY BEACH FL 33484 DELRAY BEACH FL 3349			13482-7324				
					3. Date Incorporated or Qualified 02/06/1981	3a. Date of Last Re 01/13/1997	eport
·····	lace of Business	2a. Mailing Address	า ้		4. FEI Number	<del>  </del>	plied For
21   Suite, Apt	#. elc.	26   Suite, Apt. #, et-			59-2062259   Not Applicable   \$8.75 Additional		
22		27	27		5. Certificate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23 Zies	Country	28	Zip Country		Trust Fund Contribution Added to Fees		
Zip <b>24</b>	Country 25	29 30		ниу	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Cur		190	I	10. Name and Address of New Re		
YOU	NG, ROBERT			81 Name			
6176	STANLEY LANE			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
DELRAY BEACH FL 33484				83			
					·····		
				84 City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida	Statutes, the a	bove-named corp	poration submits this statement for the	purpose of changing it	s registered
agent i a	m familiar with, and accept the of	oligations of, Section 607.05	05, Florida Sta	tules.	tion's board of directors. I hereby acce	pr trio appointment as	registored
SIGNATURE	Signature, typed or printed name of registered	regard and title it applicable	(NOTE: Registere	d Agent signature requ	lead when completing	DATE	
12.		AND DIRECTORS	13.	u Ageni signature requ	ADDITIONS/CHANGES TO OFFI		S IN 12
THUE	P	DELE	E 1.1 T	TLE		☐ Change	Addition
NAME	Young, Robert		1.2 N	AME			
STREET ADDRESS			1.3 \$	TREET ADDRESS			
CITY-SI-ZIP	DELRAY BEACH FL 33484			ITY-ST-ZIP			
TITLE		☐ DELET		i		Change	Addition
NAME			2.2 N				
STREET ADDRESS				TREET ADDRESS			
CHY-ST-ZIP THLE		☐ DELE		CITY-ST-ZIP		Change	Addition
NAME I			3.2 N			the charge	LIII ( HOURS)
STREET ADDRESS				TREET ADDRESS			
CITY- \$1 - ZIP				CITY-ST-ZIP			
TITLE		DELE	E 417	TLE		Change	☐ Addition
NAME			4.21	IAME			
STREET ADORESS			435	TREET ADDRESS			
COY+SI-ZiP				ITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		DEFE.				Change	Addition
NAME CLOSEL ADODESES			5.2 N	1			
STREET ADDRESS				TREET ADDRESS			
COTY - ST - ZOP TOTALE		☐ DELE		ITY-ST-ZIP ITLE		Change	Addition
NAME		عبران اسا	6.2 N			in one	
STREET ADORESS				TREET ADDRESS			
CITY: ST-ZIP				ITY-ST-ZIP			
14 Ldo herel	by certify that the information supp	olied with this filing does not	qualify for the	exemption state	d in Section 119.07(3)(i), Florida Statut	s. I further certify that	the
Lam an o	on indicated on this annual report ifficer or director of the corporation in Block 12 or Block 13 if changed	n or the receiver or trustee é	mpowered to	accurate and tha execute this repo	at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as it made uni Statutes; and that my r	uer oain; inat iame