SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000003996 (4)**

1. Corporation Name
PL FOOTWEAR, INC.

Principal Place of Business	Mailing Address
ONE STADIUM PLACE JACKSONVILLE FL 32202	ONE STADIUM PLACE JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 08/17/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 6622 Southpoint Drive South
Suite, Apt. #, etc
22: Suite 200
City & State
23: Jacksonville FL
Zip 24: 32216 Country 25: Duval

2a. Mailing Address
26: 6622 Southpoint Drive South
Suite, Apt. #, etc
27: Suite 200
City & State
28: Jacksonville FL
Zip 29: 32216 Country 30: Duval

4. FEI Number: 59-3323432 ☐ 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
F & L CORP
200 LAURA ST.
JACKSONVILLE FL 32202

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WEAVER, J W		1.2 NAME	
STREET ADDRESS	ONE STADIUM PLACE		1.3 STREET ADDRESS	6622 Southpoint Drive South Ste 200
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 CITY-ST-ZIP	Jacksonville FL 32216
TITLE	V	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DADE, PHILLIP		2.2 NAME	
STREET ADDRESS	ONE STADIUM PLACE		2.3 STREET ADDRESS	6622 Southpoint Drive South Ste 200
CITY-ST-ZIP	JACKSONVILLE FL 32202		2.4 CITY-ST-ZIP	Jacksonville FL 32216
TITLE	ST	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	PRESCOTT, WILLIAM		3.2 NAME	
STREET ADDRESS	ONE STADIUM PLACE		3.3 STREET ADDRESS	6622 Southpoint Drive South Ste 200
CITY-ST-ZIP	JACKSONVILLE FL 32202		3.4 CITY-ST-ZIP	Jacksonville FL 32216
TITLE	V	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	WEAVER, BRADLEY W		4.2 NAME	
STREET ADDRESS	ONE STADIUM PLACE		4.3 STREET ADDRESS	6622 Southpoint Drive South Ste 200
CITY-ST-ZIP	JACKSONVILLE FL 32202		4.4 CITY-ST-ZIP	Jacksonville FL 32216
TITLE	V	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	PEARCE, JOSEPH P		5.2 NAME	
STREET ADDRESS	ONE STADIUM PLACE		5.3 STREET ADDRESS	6622 Southpoint Drive South Ste 200
CITY-ST-ZIP	JACKSONVILLE FL 32202		5.4 CITY-ST-ZIP	Jacksonville FL 32216
TITLE		☐ DELETE	6.1 TITLE	V ☐ Change ☒ Addition
NAME			6.2 NAME	Hudson Jr, Charles P.
STREET ADDRESS			6.3 STREET ADDRESS	6622 Southpoint Drive South Ste 200
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville FL 32216

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willi R. Prescott, Treasurer — 7-8-96 — 904-296-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #