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FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
6622 SOUTH POINT DRIVE SOUTH
STE. 200
JACKSONVILLE FL 32216
US

Mailing Address
6622 SOUTH POINT DRIVE SOUTH
STE. 200
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

F & L CORP

200 LAURA ST.

JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

08/17/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

LC Footwear, LLC

82 Street Address (P.O. Box Number is Not Acceptable)

6622 Southpoint Dr. South

83 Suite #200

84 City

Jacksonville

FL

85 Zip Code

32216

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

K. Dodson

K. DODSON DIR OF FINANCE, LC FOOTWEAR, LLC

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

(NOTE: Registered Agent signature required when refiling)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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; 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 from an attachment with an address.

SIGNATURE *Mark Weaver*

1-23-99 9014-133-6211

CR2E034 (10/97)