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FILED
Mar 26 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 # **G91325** (2)

1. Corporation Name
FOOTERS, INC.

Principal Place of Business

P.O. BOX 7
OSTEEN FL 32764

Mailing Address

P.O. BOX 7
OSTEEN FL 32764-0007

2. Principal Place of Business

21 **500 West Airport Blvd**
Suite, Apt #, etc

22 **Apt 1508**
City & State

23 **SANFORD FL**
Zip Country

24 **32773** 25 **USA**

2a. Mailing Address

26 **P.O. 697**
Suite, Apt #, etc

27 **APT**
City & State

28 **SANFORD FL**
Zip Country

29 **32772** 30 **USA**

3. Date Incorporated or Qualified

03/14/1984

3a. Date of Last Report

07/30/1996

4. FEI Number

59-2450901

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

TAYLOR, CLIFTON I., SR
226 ENTERPRISE RD.
OSTEEN FL 32764

10. Name and Address of New Registered Agent

81 Name

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

500 West Airport Blvd Apt 1508

83

84 City
SANFORD

FL

85 Zip Code
32773

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
officer 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 of person named in Block 9 and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **TAYLOR, CLIFTON I. S**
STREET ADDRESS **226 ENTERPRISE RD.**
CITY- ST- ZIP **OSTEEN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PST** ☒ Change ☐ Addition
1.2 NAME **TAYLOR, CLIFTON I. S**
1.3 STREET ADDRESS **500 West Airport Blvd Apt 1508**
1.4 CITY- ST- ZIP **SANFORD FL 32773**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifton I. Taylor Sr
Clifton I. Taylor Sr 3/18/97
Date Daytime Phone

CR2E034 (9/96)