

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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H95048 (5)

1. Corporation Name
TOM'S SHOE REPAIR, INC.

Principal Place of Business 1911 DREW ST CLEARWATER FL 34625 US	Mailing Address 1911 DREW STREET CLEARWATER FL 34625-3024 US
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3. Date Incorporated or Qualified 01/13/1986		3a. Date of Last Report 04/18/1996	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
4. FEI Number 59-2623434		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 PERRY, TIMOTHY J 3310 SAN JOSE STREET CLEARWATER FL 34619		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME DONOVAN, KENNETH K.		1.2 NAME	
STREET ADDRESS 411 PALM ISLAND S.E.		1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME PERRY, TIMOTHY J.		2.2 NAME	
STREET ADDRESS 3310 SAN JOSE ST		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE TD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME DONOVAN, DOLORES J.		3.2 NAME	
STREET ADDRESS 411 PLAM ISLAND S.E.		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME TD	
STREET ADDRESS		4.3 STREET ADDRESS PERRY, GEORGIANN D	
CITY-ST-ZIP		4.4 CITY-ST-ZIP 3310 SAN JOSE ST	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: *May 1, 97*

CR2E034 (9/96)