

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L13474

(6)

1. Corporation Name

UNIVERSITY SHOE DOCTORS, INC.



Principal Place of Business

2200 E FOWLER AVE
UNIVERSITY SO MALL #371
TAMPA FL 33612

Mailing Address

2200 E FOWLER AVE
UNIVERSITY SO MALL #371
TAMPA FL 33612

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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3. Date Incorporated or Qualified

09/05/1989

3a. Date of Last Report

05/16/1995

4. FEI Number

59-2964996

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Travel 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

JOHNSON, KAREN
917 10TH AVE SW
LARGO FL

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 607.1509, 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

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

D
JOHNSON, RONALD L.
2200 E FOWLER AVE #371
TAMPA FL

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61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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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 registered agent 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. I am an agent with an address.

SIGNATURE:

Ronald L. Johnson
RONALD L. JOHNSON

8-596 (813) 971-3081

CR2E034 (12/95)