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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L81256

(4)

VILLAGE SHOE BOX, INC.

FILED Apr 29 1998 8:00am Secretary of State



Fillicipal Flace of business		Mailing Address	Mailing Address			
999 ATLANTIC BLVD. ATLANTIC BEACH FL 32233		999 ATLANTIC BLVD. ATLANTIC BEACH FL 32233				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						06/18/1990
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26				59-3016085 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun		***************************************	8. This corporation owes or has paid the current year Intangible
24	25 29 30					Personal Property Tax due June 30. 🔲 Yes 🔲 No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
ΔΙ	HERN, FRED L., JR.		8	31	Name	
2215 S. THIRD ST.				32	Stront Ad	dress (P.O. Box Number is Not Acceptable)
SUITE 101				"	Stieet Aut	diess (F.O. Dox Nullituer is Not Acceptable)
JACKSONVILLE BEACH FL 32202			Ε	33		
			6	34	City	FL 85 Zip Code
11 Discussed	to the provisions of Sections 607.0500	and 607 1509 Elorida Status	ites the sh	<u>l</u> .	anamod co	
office or I	registered agent, or both, in the State	of Florida. Such change was	authorized	by	the corpora	progration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	ım familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statu	tes.	i	
SIGNATURE	_					
	Signature, lyped or printed name of registered ager	it and little if applicable (NO	TE: Flagistored	Aper	nt signature req	uired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPTS	☐ DELET e	DELETE 1.1 TIT			☐ Change ☐ Addition
NAME	KOVACH, BEVERLY E	1.2 N/		(E	ľ	
STREET ADDRESS	2458 BLACKBEARD DR		1.3 STB	1.3 STREET ADDRESS		
CITY-ST-ZIP	MOVOONBULE DI			1.4 CITY-ST-ZIP		·
TITLE			21 THL			Change Addition
NAME			2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP				2, 4 CiTY-ST-ZIP		
TITLE	DELETE 3.1					☐ Change ☐ Addition
NAME	_ <u> </u>		3.2 NAM		1	
					ADDDECC	
STREET ADDRESS			3.4 CIT		ADDRESS	ĺ
CITY-ST-ZIP TITLE					11-1117	Change Addition
		₩ Pricit	4.1 TITL			Change C Addition
NAME			4. 2 NAM		ADDDECO	ļ
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CiTY		1-ZIP	☐ Change ☐ Addition
TITLE		רין אנינונ	5.1 TITU			Li Grange Li Adunton i
NAME			. 5.2 NAM			İ
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		T or our	5.4 CITY		T-ZIP	
TITLE		DELETE	6.1 TITE			Change Addition
NAME			6.2 NAM	IE.		İ
STREET ADDRESS	•		6.3 STA	EET A	address	
CITY-ST-ZIP 6.4 CI			6.4 CITY	- \$ T	I-ZIP	
14. Lherehy (ertify that the information supplied wit	h this filing does not qualify t	for the even	nnti	ion stated i	in Section 119.07(3)(i) Florida Statutes. I further certify that the information

Indicated on this annual report or supplied with this nimg does not quality for the exemption stated in Section 119.07(3)(f). Florida statutes. Intriner 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.

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