

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N10448

(1)

1. Corporation Name

FEET FIRST FIRST TIME, INC.

FILED
95 FEB 17 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% TERRY HENRY
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514

% TERRY HENRY
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1985

3a. Date of Last Report
02/04/1994

4. FEI Number
59-2578370

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, TERRY
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514

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

Terry Henry

TERRY HENRY EXECUTIVE DIRECTOR

2-14-95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	EYSTER, JOY
STREET ADDRESS	64 HIGHPOINT DR
CITY-STATE-ZIP	GULF BREEZE FL
TITLE	VD
NAME	HAGERROTT, KAREN
STREET ADDRESS	600 E GOVERNMENT ST
CITY-STATE-ZIP	PENSACOLA FL
TITLE	SD
NAME	FINLEY, JOE, CPA
STREET ADDRESS	612 UNIVERSITY OFFICE BL
CITY-STATE-ZIP	PENSACOLA FL
TITLE	MD
NAME	HENRY, TERRY
STREET ADDRESS	8383 N DAVIS HIGHWAY
CITY-STATE-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Karen Hagerrott	
1.3 STREET ADDRESS	600 E Government St.	
1.4 CITY-STATE-ZIP	Pensacola, FL 32501	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Susanne Denton	
2.3 STREET ADDRESS	8383 N Davis Hwy	
2.4 CITY-STATE-ZIP	Pensacola, FL 32514	
3.1 TITLE	TD	☐ Change ☐ Addition
3.2 NAME	Joe Finley, CPA	
3.3 STREET ADDRESS	910 Gardendale Circle	
3.4 CITY-STATE-ZIP	Pensacola, FL 32504-8629	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 110.07(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 resolver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Terry Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY HENRY

2-14-95

(404) 464-4517