

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

PROFIT*
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000002017 (1)

1. Corporation Name

SHOE COMFORT, INC.



Principal Place of Business

8742 US HWY 19
PORT RICHEY FL 34668

Mailing Address

8742 US HWY 19
PORT RICHEY FL 34668

2. Principal Place of Business

21 4584 Commercial way

Suite, Apt. #, etc.

22

City & State

Spring Hill, Florida

Zip

34606

Country

USA

2a. Mailing Address

26 4584 Commercial way

Suite, Apt. #, etc.

27

City & State

Spring Hill, Florida

Zip

34606

Country

USA

9. Name and Address of Current Registered Agent

BARTLETT, BARBARA
8742 US HWY 19
PORT RICHEY FL 34668

3. Date Incorporated or Qualified

11/04/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3150124

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

10. Name and Address of New Registered Agent

81 Name

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

4584 Commercial way

83

84 City

Spring Hill

FL

85 Zip Code

34606

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

Signature to be printed in Block 12 or Block 13, as applicable.

Print Name, Title, Address, and City and State of Registered Agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BARTLETT, BARBARA	
STREET ADDRESS	4487 CRESCENT RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	☐ Change ☐ Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-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 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 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: x

Barbara Bartlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x

Date

x

Digitally Signed

CR2E034 (12/95)