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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT. 1999 Marian



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P93000053591 DOCUMENT # 1. Corporation Name

Principal Place of Business

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not quali indicated on this annual report or supplemental annual report of the corporation or the receiver or this empowered Block 12 or Block 13 if changed, or on an attachment with an address, wi

GARRISON SHOE REPAIR, INC.

9719 SAN JOS JACKSONVILLE		9719 SAN JOSE BLVD. JACKSONVILLE FL 32257						
WACKSONVILLE	TE SEES!	DAONGONNILLE I L	SEEDI			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						07/28/1993		
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number	I A	Applied For
21	•	26				59-3190927		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee F	Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip Country				8. This corporation owes the current year Inta	ingible	
24	25 29 3			10		Personal Property Tax.	☐ Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Registered A	Agent	
				81	Name			
FERNANDEZ, RICHARD A				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
9719 SAN JOSE BLVD.				-	Quibot / table	is (i.e. beautement to the recopusio)		
JACKSONVILLE FL 32257				83				
j		//		84	City	FL.	85 Zip	Code
11. Pursuant to the provisions of Sections 507.0502 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/amiliar with and accept the ebligations of, Section 607.0505, Florida Statutes.								
agent. I am/familiar/with find (ccept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, tyted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAVE								
12.	algorature, typed or printed name of registered agent a		13.	igeni s	signature required t	ADDITIONS/CHANGES TO OFFICERS AN) DIRECT	ORS IN 12
TITLE	P	□ DEL		Ε		TIBBITION OF INTOZO TO STATISTICAL TO	Change	
NAME	FERNANDEZ, RICHARD		1.2 NAM				_	_
STREET ADDRESS	9719 SAN JOSE BLVD			-	ADDRESS			
	JACKSONVILLE FL 32257		1.4 CIT)					
CITY-ST-ZIP	JACKSONVIELL 1 L 32237	□ DEL			ZIP .		Change	Addition
NAME			2.2 NAM				3	
					ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		□ DEL	2.4 CIT ETE 3.1 TITL		-219		Change	Addition
NAME		_ 561	3.2 NAM					
			1		nonecc			
STREET ADDRESS	•				ADDRESS			
CITY-ST-ZIP		☐ DEL	3.4. CIT ETE 4.1 TITL		ZIP		Change	Addition
TITLE							onongo	
NAME			4. 2 NA					
STREET ADDRESS	•				NODRESS			
CITY-ST-ZIP		□ DELI	4.4 CITY		ZiP		Change	Addition
TITLE			ETE 5.1 TITL 5.2 NAM					, Magniton
NAMÉ					DDDEEC			
STREET ADDRESS					NDDRESS			
CITY-ST-ZIP			5.4 CITY		ZIP			D #445*
TITLE		☐ DELI	ETE 6.1 TITL	E	j		Change	Addition

same legal effect as if made under oath; that I am an 507, Florida Statutes, and that my name appears in

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

and that my signature shall have the same this report as required by Chapter 607

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90051 002 ***150.00