SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000087826 (2)

1. Corporation Name
PARK AVENUE LEATHERS, INC.

Principal Place of Business
3621 BELFAST DRIVE
TALLAHASSEE FL 32317

Mailing Address
POST OFFICE BOX 13679
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: **12/27/1993**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — 24 — 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — 29 — 30

4. FEI Number: **59-3231778** — 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 was subject to the requirements of Section 607.1602 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ASHLEY, J D
3621 BELFAST DRIVE
TALLAHASSEE FL 32308

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 607.0505 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 I agree to comply with the provisions of Section 607.0505, Florida Statutes.

NEW REGISTERED AGENT'S NAME (TYPED OR PRINTED) — NEW REGISTERED AGENT'S STREET ADDRESS (PHYSICAL LOCATION) — DATE

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ASHLEY PAMELA
STREET ADDRESS	3621 BELFAST DR.
CITY ST ZIP	TALLAHASSEE FL 32308

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add/Del

14. I hereby certify that the information contained in this report is accurately entered and does not exceed the restrictions stated in Section 119.07(6)(b), Florida Statutes. Further, I certify that the information reported on this annual report or supplemental annual report is true and complete and that my signature shall serve as my office's notice of resignation from any office or directorship held in the corporation for the purpose of fulfilling requirements to file an annual report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is an additional officer or director with an address.

SIGNATURE: J. Don Ashley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/95 — DATE
904 893 68609 — DAYTIME PHONE

225

CR2E034 (3/95)

01/28/95 FF