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Mailing Address

2106 NORTHLAKE DR

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

Principa! Place of Business

2106 NORTHLAKE DR

DOCUMENT # P94000018880 (2)

| DOCUMENT 1. Corporation Name | # P94000018880 | (2) |
|---------------------------------|----------------|-----|
| FOOTLOOSE & | FANCY, INC. | |

SANFORD FL 32773 SANFORD FL 32773 US 3a. Date of Last Report 3. Date Incorporated or Qualified 03/07/1994 04/27/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-3245649 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent BALCOM, STACY M Street Address (P.O. Box Number is Not Acceptable) 82 2106 NORTH LAKE DRIVE 83 SANFORD FL 32773 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registers diagrant and the mach make OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/ DELETE TITLE Change Addition 1.13(0.5 BALCOM, STACY M NAME 1.2 NAME 2106 NORTHLAKE DR STREET ADDRESS 1.3 STR€ET ADDRESS SANFORD FL CITY-ST-ZIP 1.4 C+TY +ST - Z+P DELF TE Change Addition TITLE 2.17:715 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 C(Tr. S1. Z(P. DELETE ☐ Change Addition THILE 3 1 1/115 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIP 3.4 C(T) - ST - 7(P) DELETE Change TITLE 4 1 TiTLE ■ Addition NAME 4.2 NAVE STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CiTY - \$1 - 2iP

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 suppliemental 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 33 if changes, or on an attachment with an address.

5 11113

5.2 NAME

6.1 T-TL

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY -ST - ZiP

5.4 CITY -ST-ZIP

SIGNATURE:

TITLE

NAME

1-TLE

NAME

STREET ADDRESS

STREET ADDRESS

DITY-ST ZIP

DITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

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107-323-2822

☐ Change

☐ Change

■ Addition

Addition