FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000089710 (5)**

1. Corporation Name

P & M BOOTS, INC.

Principal Place of Business	Mailing Address
3212 NORTH 40TH STREET TAMPA FL 33605	1216 OAKFIELD DR BRANDON FL 33511 US

3. Date Incorporated or Qualified: **12/09/1994**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-3294097** ☐ 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

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

9. Name and Address of Current Registered Agent

NYMARK, ANN
1216 OAKFIELD DRIVE
BRANDON FL 33511

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 607.0502 and 617.1502, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	TROISE, LIEDIA D		2 NAME	
STREET ADDRESS	6827 BLUFFS BLVD.		3 STREET ADDRESS	
CITY-ST-ZIP	TAMPLE TERRACE FL 33617		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	7 TITLE	☐ Change ☐ Addition
NAME	TROISE, MICHAEL A		8 NAME	
STREET ADDRESS	6827 BLUFFS BLVD.		9 STREET ADDRESS	
CITY-ST-ZIP	TAMPLE TERRACE FL 33617		10 CITY-ST-ZIP	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MILLHOUSE, BARBARA		12 NAME	
STREET ADDRESS	14926 LAKE FOREST DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549		14 CITY-ST-ZIP	
TITLE		☐ DELETE	15 TITLE	☐ Change ☐ Addition
NAME			16 NAME	
STREET ADDRESS			17 STREET ADDRESS	
CITY-ST-ZIP			18 CITY-ST-ZIP	
TITLE		☐ DELETE	19 TITLE	☐ Change ☐ Addition
NAME			20 NAME	
STREET ADDRESS			21 STREET ADDRESS	
CITY-ST-ZIP			22 CITY-ST-ZIP	
TITLE		☐ DELETE	23 TITLE	☐ Change ☐ Addition
NAME			24 NAME	
STREET ADDRESS			25 STREET ADDRESS	
CITY-ST-ZIP			26 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate, that this electronic 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 added, above.

SIGNATURE: Liedia D Troise Liedia D. Troise 3/12/96 813-931-5814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number