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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90182 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000004037			
1. Corporation Name ATLANTIC SHOE REPAIR, INC.			
Principal Place of Business 1523 ATLANTIC BLVD NEPTUNE BEACH FL 32266		Mailing Address 1523 ATLANTIC BLVD NEPTUNE BEACH FL 32266	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 01/17/1995	
21	2a. Mailing Address	4. FEI Number 59-3288033	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	2b. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	2c. Mailing Address	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	2d. Mailing Address	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARRISH, ORVILLE E 1523 ATLANTIC BLVD NEPTUNE BEACH FL 32266		81 Name Orville E. Parrish, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 1523 ATLANTIC BLVD 83 84 City NEPTUNE BEACH FL 85 Zip Code 32266	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	
NAME	PARRISH, ORVILLE E		
STREET ADDRESS	1523 ATLANTIC BLVD		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		
TITLE	DVST	<input checked="" type="checkbox"/> DELETE	
NAME	PARRISH, MARY R		
STREET ADDRESS	1523 ATLANTIC BLVD		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	ORVILLE E. PARRISH JR		
1.3 STREET ADDRESS	4355 FOREST BLVD		
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246		
2.1 TITLE	S/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	SUE PARRISH		
2.3 STREET ADDRESS	4355 FOREST BLVD		
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED** Parrish Jr President 4/29/99 (904) 246-7227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)