

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90003 001 ***150.00

DOCUMENT # **P96000036280**

1. Corporation Name

SPEES SHOE COMPANY, INC.

D/B/A Shoe Gallery

Principal Place of Business

6390 INDIANTOWN ROAD. #36
JUPITER FL 33458

Mailing Address

6390 INDIANTOWN ROAD. #36
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1996

4. FEI Number

65-0668580

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 owes the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPEES, GARY L
180 E TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33410

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 2. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------|---------------------------------|---|---|
| TITLE | DPT | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPEES, GARY L | 1.2 NAME | |
| STREET ADDRESS | 180 E TALL OAKS CIRCLE | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | PALM BEACH GARDENS FL 33410 | 1.4 CITY-STATE-ZIP | |
| DELETE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 2.4 CITY-STATE-ZIP | |
| DELETE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 3.4 CITY-STATE-ZIP | |
| DELETE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 4.4 CITY-STATE-ZIP | |
| DELETE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| DELETE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), Florida Statutes. I further certify that the information dictated 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

9-7-99 561 7473600

Gary L. Spees
180 East Tall Oaks Circle
Palm Beach Gardens, FL 33410
(407) 625-1037

P9600-0036280
613813-90003

Sept 7, 1999

Division of Corporations:

Dear Sirs:

I recieved a "2nd Notice" for my
Corporate Annual Report, but never
recieved a "1st Notice". This morning
I called your department and
talked with Anthony, who suggested
I write you a letter and send
you a check for \$150⁰⁰ today with
an explanation. We pay our tax
when it is due and do not wish
to cause a problem for your
department.

Thank you,

Kindest Regards,

Gary Spees