## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031917 (2)

FILED Feb 27 1998 8:00am Secretary of State

LEATH	ER & LACE, INC.		•					
Principal Plac	e of Business	Mailing Address				-   LEGUNIONA NO NOME SERVE ODIN DOLLE DELLE DESERT	######################################	
41 N NAVY BLVD 41 N NAVY BLVD								
PENSACOLA FL 32507 PENSACOLA FL 32507						DO NOT WRITE IN TH	IS SDACE	
						3. Date incorporated or Qualified	IS SPACE	
						04/04/1997		
<del></del>	Place of Business	2a. Mailing Addres	s			4. FEI Number	Ar	optied For
21	<del></del>	26				59-3451306	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			tc.			5. Certificate of Status Desired	\$8.75	
22								berlupe
23		28	ony di cidad			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Ζιρ	Country	Zip	p Country			8. This corporation owes or has paid the		
24	25 29 30				Personal Property Tax due June 30.  Yes No			
	9. Name and Address of Curre	nt Registered Agent		I ,		10. Name and Address of New Registers	d Agent	
	XEY, GARY E			81	Name			1
41 N NAVY BLVD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PE	NSACOLA FL 32507			83				
				63				i
				64	City	F	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agont or both, in the State of Florida Such change was authorize agent. Lam familiar with and accept the obligations of Section 607.0505, Florida St					named corpo	pration submits this statement for the purpose	of changing it	s registered
office or r	registered agont, or both, in the State on familiar with and accept the oblid	e of Florida, Such change	was authorize	d by t	the corporation	on's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE		, /)-/-	F	10103.			9//3/9	8
	Signature is you or print a name of nigistured as		(NOTE: Registere	d Agent	t signature require	d when reinstating) DATE	771	- L
12.	OFFICERS AN	ID D RECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DOYEY CATHLEEN A		1 1 TALE			☐ Change	Addition	
NAME STREET ADDRESS	8000 PANAMA DR 212 Clear LAKE			1.2 NAME 1.3 STREET ADDRESS				3
CITY-ST-ZIP	PENSACOLA FL 82628 3	2507						į
TITLE	D			1.4 CITY-ST-ZIP 21 TITLE			Change	☐ Addition C
NAME	DOXEY, GARY E	-						
STREET ADDRESS	2030 PANAMA DR 212	. Clear Lak	2.35	TREET A	DORESS			
CITY-ST-ZIP	PENSACOLA FL 32526 32507 2.4			CITY-ST	- ZIP			
TITLE	DELETE 3.11		TLE			Change	Addition	
NAME	326			AME				
STREET ADDRESS					DDRESS			
CITY-ST-ZIP				ITY-ST	- ZIP			
TITLE NAME		☐ DELE					Change	Addition
STREET ADDRESS			4.2 N		DODECC			
CITY-ST-ZIP				TREET A				-
TITLE	4.4 CII DELETE 5.1 TII			· Lir		☐ Change	Addition	
NAME	5.2 N					5400194		
STREET ADDRESS				TREET A	DDRESS	•		
CITY-ST-ZIP				ITY-ST-	j			
TITLE		DELETE 6.1 TI					Change	Addition
NAME			6.2 N/	AME				
STREET ADDRESS			6.3 \$1	TREET AL	DDRESS			
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP			

14. Thereby 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 eath; 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 examplement with an address.

SIGNATURE X COHOLOGICAL