

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000031917

1. Corporation Name
LEATHER & LACE, INC.

Principal Place of Business

41 N NAVY BLVD
PENSACOLA FL 32507

Mailing Address

41 N NAVY BLVD
PENSACOLA FL 32507

2. Principal Place of Business

21 39 N Navy Blvd
Suite, Apt. #, etc.

22 Pensacola FL
City & State

23 32507
Zip

24 Country

2a. Mailing Address

26 39 N Navy Blvd
Suite, Apt. #, etc.

27 Pensacola FL
City & State

28 32507
Zip

29 Country

9. Name and Address of Current Registered Agent

DOXEY, GARY E
41 N NAVY BLVD
PENSACOLA FL 32507

3. Date Incorporated or Qualified

04/04/1997

4. FEI Number

59-3451306

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 Tax.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

Doxey, Gary E

82. Street Address (P.O. Box Number is Not Acceptable)

39 N Navy Blvd

83. City

Pensacola, FL

84. Zip Code

FL

85

32507

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DOXEY, CATHLEEN A
STREET ADDRESS 212 CLEARLAKE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ DELETE
NAME DOXEY, GARY E
STREET ADDRESS 212 CLEARLAKE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Cathleen A. Doxey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

Date

850-453-0908

Daytime Phone #

CR2E034 (11/98)