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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90185 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000042327

1. Corporation Name

CLASSIC SHOE OUTLET, INC.



Principal Place of Business 1101 BECK AVE. PANAMA CITY FL 32401	Mailing Address 1101 BECK AVE. PANAMA CITY FL 32401
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

59-3510664

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

CHRISTIAN, DON
 902 DEGAMA AVE.
 PANAMA CITY FL 32401

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 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 OWNER ☐ DELETE

NAME DAVID W. CHRISTIAN

STREET ADDRESS 11133 TELMAR DRIVE

CITY-ST-ZIP NORTHPORT, AL. 35475

TITLE OWNER ☐ DELETE

NAME MARLENE L. CHRISTIAN

STREET ADDRESS 11133 TELMAR DRIVE

CITY-ST-ZIP NORTHPORT, AL. 35475

TITLE Owner ☐ DELETE

NAME Don E. Christian

STREET ADDRESS 902 Degama Avenue

CITY-ST-ZIP Panama City, FL 32401

TITLE Owner ☐ DELETE

NAME Pamela Christian

STREET ADDRESS 902 Degama Avenue

CITY-ST-ZIP Panama City, FL 32401

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(1)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

Date

(850) 747-8009

Layline Phone #

CR2E034 (11/98)