

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S07120 (6)

1. Corporation Name  
RICK'S SHOE CLINIC, INC.



Principal Place of Business

Mailing Address

101 W VENICE AVE  
SUITE 2  
VENICE FL 34285

101 W VENICE AVE  
SUITE 2  
VENICE FL 34285-1930

3. Date Incorporated or Qualified  
10/15/1990

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 4157 S. Tamiami Trail

2a. Mailing Address

26 4157 S. Tamiami Trail

4. FEI Number  
59-3055547

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 Venice Florida

City & State

28 Venice Florida

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 34293

Country

25 SARASOTA

Zip

29 34293

Country

30 SARASOTA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORTIN, RICHARD D  
101 W VENICE AVE  
SUITE 2  
VENICE FL 34285

81 Name Richard D. Fortin  
82 Street Address (P.O. Box Number is Not Acceptable) 308 Blackburn Road  
83  
84 City Nokomis FL 85 Zip Code 34275

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 *Richard D. Fortin* PRES *Richard D. Fortin* April 5, 1997  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	FORTIN, RICHARD D	308 BLACKBURN RD	NOKOMIS FL	<input type="checkbox"/>
VSD	FORTIN, NORLEEN	308 BLACKBURN RD	NOKOMIS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: *Norleen Fortin V.P.* *Norleen Fortin* 3/2/97 941-346-7425

CR2E034 (9/96)