

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S65919

(0)

1. Corporate Name:

BOZZI BROTHERS SHOE CLINIC, INC.

Principal Office of Business:

2188 ARMADILLO AVENUE
SPRING HILL FL 34609

Main Office Address:

2188 ARMADILLO AVENUE
SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

07/12/1991

3a. Date of Last Report:

06/20/1994

4. FID Number:

59-3075638

Applied For:

Not Applicable

5. Certificate of Status Desired:

\$8.75 Additional Fee Required

6. Election Campaign Financing:

\$5.00 May Be Added to Fees

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

2. Principal Office of Business:

21. City & State:

22. 8742 US Hwy 19

23. Port Richey

24. 34668

2a. Main Office Address:

26. State & City:

27. 2188 Armadillo Ave

28. Spring Hill

29. 34609

30. Hernandez

9. Name and Address of Current Registered Agent:

CARTER, DAVID R.
7419 US HWY 19
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent:

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State:
85. Zip Code:

FL

11. Pursuant to the provisions of Sections 607.04 and 607.1506, 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 this appointment as registered agent. I am familiar with and accept the obligations of the registered agent, Florida Statutes.

SIGNATURE:

Signature of Registered Agent (Typed Name and Title)

Signature of Registered Agent (Typed Name and Title)

Date:

12. OFFICERS AND DIRECTORS:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. NAME: VSD
2. NAME: BOZZI, RAYMOND D.
3. STREET ADDRESS: 2188 ARMADILLO AVENUE
4. CITY & STATE: SPRING HILL FL
5. NAME: PTD
6. NAME: BOZZI, ROBERT A.
7. STREET ADDRESS: 2188 ARMADILLO AVENUE
8. CITY & STATE: SPRING HILL FL

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Sections 607.04 and 607.1506, Florida Statutes. I further certify that the information indicated on the accompanying or supplemental annual report is true and accurate, and that my corporation shall have the same legal effect and make under such that can be affected by the Department of State in the absence of further information provided by the corporation. I am familiar with and accept the obligations of the registered agent, Florida Statutes, and that my name appears on the Florida Department of State's records as an attachment with an address.

SIGNATURE: Robert A Bozzi Robert A Bozzi (P+D) 4-27-95 813-847-7463

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR