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
95 MAY -1 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V19856 (6)

1. Corporation Name
~~EARTH OUTFITTERS INC.~~
Retail Ventures II, Inc.

Principal Place of Business	Mailing Address
13499 US HWY 41 SE FT MYERS FL 33907	13499 US HWY 41 SE FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-2718858 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 12663-C Metro Parkway	26 15465 Pine Ridge Road
Suite, Apt. #, etc. 22 C	Suite, Apt. #, etc. 27
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip 24 33912 Country 25	Zip 29 33908 Country 30

9. Name and Address of Current Registered Agent

BROWN, GEORGE
13499 US HWY #41 SE
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: Youngquist, Timothy
82 Street Address (P.O. Box Number is Not Acceptable): 15465 Pine Ridge Road
83
84 City: Fort Myers FL 85 Zip Code: 33908

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 ✓ Timothy Youngquist, President

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	P/VP/S/T/D [X] Change ☐ Addition
NAME	BROWN, GEORGE	1 2 NAME	Youngquist, Timothy
STREET ADDRESS	13499 US HWY #41 SE	1 3 STREET ADDRESS	15465 Pine Ridge Road
CITY ST ZIP	FT MYERS FL	1 4 CITY ST ZIP	Fort Myers, FL 33908
TITLE		2 1 TITLE	D [X] Change ☐ Addition
NAME		2 2 NAME	Youngquist, Harvey
STREET ADDRESS		2 3 STREET ADDRESS	15465 Pine Ridge Road
CITY ST ZIP		2 4 CITY ST ZIP	Fort Myers, FL 33908
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	800001488148
CITY ST ZIP		4 4 CITY ST ZIP	-05/16/95--01014--013
TITLE		5 1 TITLE	****600.00 ****200.00
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	T.O. 5/12/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ✓ Timothy Youngquist, President (813)489-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041170 CP