

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Jul 03 1996 8:00 am

Secretary of State

DOCUMENT # F94000001191 (5)

1. Corporation Name

BOULET WESTERN BOOTS, INC.

Principal Place of Business

Mailing Address

100 WALNUT ST.  
CHAMPLAIN NY 12919

501 ST GABRIEL  
QUEBEC CA G0X 0-0

US

WE ARE IN CANADA!!

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 501 ST-GABRIEL

22 City & State

27 Suite, Apt. #, etc

28 ST-TITE, QUEBEC

23 Zip Country

29 G0X-3H0 30 CANADA

9. Name and Address of Current Registered Agent

BOULET, SYLVAIN  
4655 W. IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE FL 34746

3. Date Incorporated or Qualified

03/09/1994

3a. Date of Last Report

04/13/1995

4. FEI Number

14-1762149

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

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 (not applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BOULET, PIERRE  
STREET ADDRESS 501 ST. GABRIEL  
CITY-ST-ZIP QUEBEC, CANADA

☐ DELETE

TITLE VD  
NAME BOULET, GUY  
STREET ADDRESS 501 ST. GABRIEL  
CITY-ST-ZIP QUEBEC, CANADA

☐ DELETE

TITLE SD  
NAME BOULET, LOUIS  
STREET ADDRESS 501 ST. GABRIEL  
CITY-ST-ZIP QUEBEC, CANADA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD  
12 NAME BOULET, PIERRE  
13 STREET ADDRESS 501 ST-GABRIEL  
14 CITY-ST-ZIP ST-TITE, QUEBEC, CANADA

☒ Change ☐ Addition

21 TITLE VD  
22 NAME BOULET, GUY  
23 STREET ADDRESS 501 ST-GABRIEL  
24 CITY-ST-ZIP ST-TITE, QUEBEC, CANADA

☒ Change ☐ Addition

31 TITLE SD  
32 NAME BOULET, LOUIS  
33 STREET ADDRESS 501 ST-GABRIEL  
34 CITY-ST-ZIP ST-TITE, QUEBEC, CANADA

☒ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 18/96

418-365-5174

Date

Daytime Phone

CR2E034 (3/96)