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 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15360 (1)

1. Corporation Name

AMERICA OUTDOORS, INC.

Principal Place of Business	Mailing Address
1502 B. CENTRAL PARKWAY ~~222 MIAN ST 4TH FLOOR~~ DECATUR AL 35602 US	% JOHNSON WORLDWIDE ASSOC. 22 S MAIN ST 4TH FLR RACINE WI 53403-1014 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 1326 Willow Road
Suite, Apt. #, etc 22 1502 B. Central Parkway	Suite, Apt. #, etc 27
City & State 23	City & State 28 Sturtevant, WI
Zip 24 / Country 25	Zip 29 53177 / Country 30 USA

3. Date Incorporated or Qualified: 07/28/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 63-0853752 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ____________________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1 1 TITLE	President/Director	☐ Change ☒ Addition
NAME	~~ESTES, TONY~~	1 2 NAME	Robert W. Reid	
STREET ADDRESS	~~1502 B. CENTRAL PARKWAY~~	1 3 STREET ADDRESS	1326 Willow Road	
CITY ST ZIP	~~DECATUR AL~~	1 4 CITY ST ZIP	Sturtevant, WI 53177	
TITLE	~~VPT~~	2 1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	~~WALLACE, KIM~~	2 2 NAME	Douglas R. Moennig	
STREET ADDRESS	~~1502B CENTRAL PKWY~~	2 3 STREET ADDRESS	1326 Willow Road	
CITY ST ZIP	~~DECATUR AL~~	2 4 CITY ST ZIP	Sturtevant, WI 53177	
TITLE	~~ATD~~	3 1 TITLE	Vice President	☐ Change ☒ Addition
NAME	~~CAHILL, JOHN~~	3 2 NAME	John C. Morlan	
STREET ADDRESS	~~222 MAIN STREET~~	3 3 STREET ADDRESS	1326 Willow Road	
CITY ST ZIP	~~RACINE WI~~	3 4 CITY ST ZIP	Sturtevant, WI 53177	
TITLE	S	4 1 TITLE	Secretary	☒ Change ☐ Addition
NAME	NEUHARTH, WADE T.	4 2 NAME	Wade T. Neuharth	
STREET ADDRESS	~~222 MAIN STREET~~	4 3 STREET ADDRESS	1326 Willow Road	
CITY ST ZIP	~~RACINE WI~~	4 4 CITY ST ZIP	Sturtevant, WI 53177	
TITLE		5 1 TITLE	Director	☐ Change ☒ Addition
NAME		5 2 NAME	Carl G. Schmidt	
STREET ADDRESS		5 3 STREET ADDRESS	1326 Willow Road	
CITY ST ZIP		5 4 CITY ST ZIP	Sturtevant, WI 53177	
TITLE		6 1 TITLE	Director	☐ Change ☒ Addition
NAME		6 2 NAME	John D. Crabb	
STREET ADDRESS		6 3 STREET ADDRESS	1326 Willow Road	
CITY ST ZIP		6 4 CITY ST ZIP	Sturtevant, WI 53177	

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: Wade T. Neuharth Wade T. Neuharth / Director 3/30/95 (414)884-1546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0480220 FN