**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**
**AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 JUN 20 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15617** **(4)**

1. Corporation Name
**ROCKY SHOES & BOOTS CO.**

Mailing Address
**294 HARPER ST.**
**NELSONVILLE OH 45764**
**US**

Principal Place of Business
**294 HARPER ST.**
**NELSONVILLE OH 45764**
**US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **08/18/1987**
3a. Date of Last Report: **03/22/1993**
4. FEI Number: **31-0867536** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MCLEAN, MARK D, CPA**
**707 CHILLINGWORTH DR**
**BIG BEARPEN MOUNTAIN RD.**
**W PALM BEACH FL 33409**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Daniel Fraedrich 6/14/94
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. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | P | 11 TITLE | |
| 12 NAME | BROOKS, J. MICHAEL | 12 NAME | |
| 13 STREET ADDRESS | 200 PINE GROVE DR. | 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | NELSONVILLE OH | 14 CITY ST ZIP | |
| 21 TITLE | V | 21 TITLE | |
| 22 NAME | HOLLENBAUGH, BOB | 22 NAME | |
| 23 STREET ADDRESS | 12962 STANDISH DRIVE | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | PEWAY CA | 24 CITY ST ZIP | |
| 31 TITLE | S/T | 31 TITLE | |
| 32 NAME | FRAEDRICH, DAVID | 32 NAME | |
| 33 STREET ADDRESS | 62 E. WASHINGTON ST. | 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | NELSONVILLE OH | 34 CITY ST ZIP | |
| 41 TITLE | V | 41 TITLE | |
| 42 NAME | FULLER BARBARA | 42 NAME | |
| 43 STREET ADDRESS | 288 ELINGBETH ST. | 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | NELSONVILLE OH 45764 | 44 CITY ST ZIP | |
| 51 TITLE | V | 51 TITLE | |
| 52 NAME | SHEETS ALLEN | 52 NAME | |
| 53 STREET ADDRESS | RT. #1 BOX 195 | 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | ALBANY OH 45710 | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 CITY ST ZIP | |

$87

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)(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 or 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:** Daniel Fraedrich 6/14/94 614-753-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number