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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:49

DOCUMENT # P15617

(4)

1. Corporation Name

ROCKY SHOES & BOOTS CO.

Principal Place of Business

294 HARPER ST.
NELSONVILLE OH 45764
US

Mailing Address

294 HARPER ST.
NELSONVILLE OH 45764
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/10/1987

3a. Date of Last Report

05/01/1994

4. FBI 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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MICLEAN, 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, 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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

BROOKS, J. MICHAEL

STREET ADDRESS

200 PINE GROVE DR.

CITY - ST - ZIP

NELSONVILLE OH

TITLE

V

NAME

HOLLENBAUGH, BOB

STREET ADDRESS

12962 STANDISH DRIVE

CITY - ST - ZIP

POWAY CA

TITLE

ST

NAME

FRAEDRICH, DAVID

STREET ADDRESS

62 E. WASHINGTON ST.

CITY - ST - ZIP

NELSONVILLE OH

TITLE

V

NAME

FULLER, BARBARA

STREET ADDRESS

288 ELINGBETH ST.

CITY - ST - ZIP

NELSONVILLE OH

TITLE

V

NAME

SHEETS, ALLEN

STREET ADDRESS

RT. #1 BOX 195

CITY - ST - ZIP

ALBANY OH 45710

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/C

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIKE BROOKS

9/9/95

DATE

Signature (Print Name)