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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:07

DOCUMENT # P18500 (9)

1. Corporation Name
ACME BOOT RETAIL CO., INC.

Principal Place of Business	Mailing Address
2910 SCOTTSVILLE RD BOWLING GREEN KY 42104-4412	P O BOX 789 CLARKSVILLE TN 37041-789 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1988
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Street, Apt. #, etc. (22):
Street, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 61-0724717 ☐ 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. The 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 607.1509, 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 _____ DATE
(Signature of new registered agent, if changing) NOTE: Registered agent signature required when necessary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	MARSH, JOHN P	12 NAME	Wayne Badovinus	
STREET ADDRESS	621 GRACEY AVE	13 STREET ADDRESS	1002 Stafford St	
CITY-ST-ZIP	CLARKSVILLE TN 89	14 CITY-ST-ZIP	Clarksville TN 37040	
TITLE	V	21 TITLE	VP	☑ Change ☐ Addition
NAME	GREENBAUM, KENNETH	22 NAME	Ray Brunner	
STREET ADDRESS	6300 SEARS TOWER	23 STREET ADDRESS	621 Gracey Ave	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	Clarksville TN 37040	
TITLE	VS	31 TITLE	T	☑ Change ☐ Addition
NAME	SHANKS, EARL, C	32 NAME	Earl Shanks	
STREET ADDRESS	6300 SEARS TOWER	33 STREET ADDRESS	6300 Sears Tower	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	Chicago IL	
TITLE	T	41 TITLE	VP	☑ Change ☐ Addition
NAME	MEIER, ROBERT J.	42 NAME	Larry K. Switzer	
STREET ADDRESS	6300 SEARS TOWER	43 STREET ADDRESS	6300 Sears Tower	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	Chicago IL	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	MCKAY, CALVIN, S	52 NAME		
STREET ADDRESS	1002 STAFFORD ST	53 STREET ADDRESS		
CITY-ST-ZIP	CLARKSVILLE TN	54 CITY-ST-ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	OSBORNE, PATRICIA	62 NAME		
STREET ADDRESS	621 GRACEY AVE	63 STREET ADDRESS		
CITY-ST-ZIP	CLARKSVILLE TN 89	64 CITY-ST-ZIP		

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

SIGNATURE: Vivian A. Osborne 3/2/95 (615) 552-2000
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0448010 FP