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.)

F0037

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
1996 SEP -3 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 9216 EL PASO TX 79983 US

3. Date Incorporated or Qualified: 03/21/1988
3a. Date of Last Report: 03/14/1995

2. Principal Place of Business
21
Suite, Apt # etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 198748
Suite, Apt #, etc
27
City & State
28 NASHVILLE, TN
Zip
29 37219-8748 Country 30 USA

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. 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

800001944238
-09/11/96--01031--001
****375.00 ****375.00

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BADOVINUS, WAYNE	
STREET ADDRESS	1002 STAFFORD ST	
CITY-ST-ZIP	CLARKSVILLE TN	
TITLE	VP	☐ DELETE
NAME	BRUNNER, RAY	
STREET ADDRESS	621 GRACEY AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	☐ DELETE
NAME	SHANKS, EARL	
STREET ADDRESS	6300 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	☐ DELETE
NAME	SWITZER, LARRY K	
STREET ADDRESS	6300 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☒ DELETE
NAME	MCKAY, CALVIN, S	
STREET ADDRESS	1002 STAFFORD ST	
CITY-ST-ZIP	CLARKSVILLE TN	
TITLE	S	☒ DELETE
NAME	OSBORNE, PATRICIA	
STREET ADDRESS	621 GRACEY AVE	
CITY-ST-ZIP	CLARKSVILLE TN 89	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Badovinos, Wayne	
1.3 STREET ADDRESS	172 Second Avenue; Suite 300	
1.4 CITY-ST-ZIP	Nashville, TN 37201	
2.1 TITLE	Vice-President	☒ Change ☐ Addition
2.2 NAME	Brunner, Ray	
2.3 STREET ADDRESS	172 Second Avenue; Suite 300	
2.4 CITY-ST-ZIP	Nashville, TN 37201	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Controller	☐ Change ☒ Addition
5.2 NAME	Gossett, Gary	
5.3 STREET ADDRESS	172 Second Avenue; Suite 300	
5.4 CITY-ST-ZIP	NASHVILLE, TN 37201	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

9/10/96

CR2E034 (3/96)

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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #