## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18500

(9)

Mailing Address

**BOOT COUNTRY USA, INC.** 

FILED
May 13 1998 8:00am
Secretary of State



| BOWLING GREEN KY 42104-4412  |                                      | P.Q. BOX 18             |                               |   |  |                              |
|--|--------------------------------------|-------------------------|-------------------------------|---|--|------------------------------|
| DONLING GREEN KT 42104-9412  |                                      | US                      | NASHVILLE TN 37219-8748<br>US |   | DO NOT WRITE IN THIS SPACE                                       |                              |
|  |                                      | •-                      |                               |   | 3. Date Incorporated or Qualified 03/21/1988                     |                              |
| 2. Principal Pi  | ace of Business                      | 2a, Mailing A           | dress                         |   | 4. FEI Number  | Applied For                  |
| 21   |                                      | <b>├</b> ─┐             | 26                            |   | 61-0724717   | Not Applicable               |
| Sulte, Apt. #, etc.  |                                      | ··-                     | Suite, Apt. #, etc.           |   |  | \$8.75 Additional            |
| 22   |                                      | 27                      | 27                            |   | <b>5.</b> Certificate of Status Desired                          | Fee Required                 |
| City & State   |                                      |                         | City & State                  |   | 6. Election Campaign Financing                                   | \$5.00 May Be                |
| 23   |                                      | 28                      | 8                             |   | Trust Fund Contribution  |                              |
| Zip  | Country                              | Zip                     | Coun                          | ry  | 8. This corporation owes or has paid the current year Intangible |                              |
| 24   | 25                                   | 29                      | 30                            |   | Personal Property Tax due June 30. Yes No                        |                              |
|  | 9, Name and Address of Curr          | ent Registered Ager     |                               | 10. Name and Address of New Registered Agent  81 Name                 |  |                              |
|  | CORPORATION SYSTEM                   |                         | 8                             | 1 Name  |  |                              |
|  | 0 <b>S.</b> PINE ISLAND ROAD         |                         | 8                             | 2 Street Ac   | dress (P.O. Box Number is Not Acceptable)                        |                              |
| PLA  | INTATION FL 33324                    |                         | _                             | 83  |  | <del></del>                  |
|  |                                      |                         | 8                             | 3   |  |                              |
|  |                                      |                         | 8                             | 4 City  |  | 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 agree and title if applicable (NOTF: Registered Agent signature required whon reinstating)  DATE   |                                      |                         |                               |   |  |                              |
| 12.  | OFFICERS A                           | ND DIRECTORS 🔪          | 13.                           |   | ADDITIONS/CHANGES TO OFFICERS A                                  | ND DIRECTORS IN 12           |
| TITLE  | P                                    | , I                     | DELETE 1.1 TITL               |   |  | Change Addition              |
| NAME BADOVINUS, WAYNE  |                                      |                         | 1.2 NAM                       | 12 NAME Ken Davis<br>1.3 STREET ADDRESS 1712 Second Are N., Suite 300 |  |                              |
| STREET ADDRESS 172 SECOND AVENUE., SUIT  |                                      | HTE 300                 |                               |   |  |                              |
| CITY-ST-ZIP  | NASHVILLE TN 37201                   |                         |                               | -ST-ZIP   | vashulle TN 37219  |                              |
| TITLE  | 1                                    | ېلا                     | DELETE 2.1 TITL               | :  C  | FO/S/T   | Change Addition              |
| NAME   |                                      |                         | 2.2 NAME                      |   | Patricia A. Osborne<br>12 second Avr. N. Swite 300               |                              |
| STREET ADDRESS 6300 SEARS TOWER  |                                      |                         |                               |   |  |                              |
| CITY-ST-ZIP  | CHICAGO IL                           | <del>-</del>            |                               |   | Jashvile, TN 37210   | <del></del>                  |
| TITLE  | SMITTED LADDY K                      | ĻΔ                      | DELETE 3.1 TITL               | - 1   |  | ☐ Change ☐ Addition          |
| NAME STREET ADDRESS 6300 SEARS TOWER   |                                      |                         | 3.2 NAME                      |   |  |                              |
| STREET ADDRESS   | CHICAGO IL                           |                         |                               | ET ADDRESS  |  |                              |
| CITY-ST-ZIP  | C                                    | <del>-</del>            | 3.4. CITY<br>DELETE 4.1 TITU  | '-ST-ZIP  |  | Change Addition              |
| TITLE<br>NAME  | GOSSE, GARY II                       | 7                       | 4.7 INC                       |   |  |                              |
|  | 172 SECOND AVENUE., SU               | ITF 300                 |                               | ET ADDRESS  |  |                              |
| STREET ADDRESS   | NASHVILLE TN 37201                   |                         |                               | - ST-ZIP  |  |                              |
| CITY-ST-ZIP<br>TITLE   | TWOTTHEEL THE O'BOT                  |                         | DELETE 5.1 TITLE              |   |  | Change Addition              |
| NAME   |                                      | _                       | 5.2 NAM                       | 1   |  |                              |
| STREET ADDRESS   |                                      |                         |                               | ET ADDRESS  |  |                              |
| CITY-ST-ZIP  |                                      |                         |                               | -ST-ZIP   |  |                              |
| TITLE  | , pq - ,                             |                         | DELETE 6.1 TITLE              |   |  | Change Addition              |
| NAME   | •                                    |                         | 6.2 NAM                       | E   |  |                              |
| STREET ADDRESS   | •                                    |                         |                               | ET ADDRESS  |  |                              |
| CITY-ST-ZIP  |                                      |                         |                               | -ST-ZIP   |  |                              |
|  | ertify that the information supplied | with this filing does r |                               |   | 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 or an attachment with an address.

NONATURE 5

4/20/08

(INE) 271-1158