

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P37427

(2)

1. Corporation Name

GOODY'S FAMILY CLOTHING, INC.



Principal Place of Business

400 GOODY'S LANE
KNOXVILLE TN 37922-1900
US

Mailing Address

P.O. BOX 22000
KNOXVILLE TN 37933-2000
US

3. Date Incorporated or Qualified
02/10/1992

3a. Date of Last Report
02/14/1995

4. FEI Number

62-0793974

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

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of officer or director of the corporation to be filed with this report

Signature of Registered Agent to be filed with this report

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GOODFRIEND, ROBERT
STREET ADDRESS 400 GOODY'S LANE
CITY, ST, ZIP KNOXVILLE TN

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE VD
NAME RUBIN, GEORGE
STREET ADDRESS 400 GOODY'S LANE
CITY, ST, ZIP KNOXVILLE TN

☒ DELETE

2.1 TITLE President
2.2 NAME Harry M. Cull
2.3 STREET ADDRESS 400 Goody's Lane
2.4 CITY, ST, ZIP Knoxville, TN 37922

☐ Change ☒ Addition

TITLE V
NAME THOMPSON, JOHN
STREET ADDRESS 400 GOODY'S LANE
CITY, ST, ZIP KNOXVILLE TN

☒ DELETE

3.1 TITLE Secretary
3.2 NAME Edward R. Carlin
3.3 STREET ADDRESS 400 Goody's Lane
3.4 CITY, ST, ZIP Knoxville, TN 37922

☐ Change ☒ Addition

TITLE V
NAME GRIFFITHS, ARTHUR
STREET ADDRESS 400 GOODY'S LANE
CITY, ST, ZIP KNOXVILLE TN

☒ DELETE

4.1 TITLE Director
4.2 NAME James Clayton
4.3 STREET ADDRESS 623 Market Street
4.4 CITY, ST, ZIP Knoxville, TN 37902

☐ Change ☒ Addition

TITLE S
NAME WEAVER, SALLY
STREET ADDRESS 400 GOODY'S LANE
CITY, ST, ZIP KNOXVILLE TN

☒ DELETE

5.1 TITLE Director
5.2 NAME Samuel J. Furrow
5.3 STREET ADDRESS 4835 Kingston Pike
5.4 CITY, ST, ZIP Knoxville, TN 37919

☐ Change ☒ Addition

TITLE PO
NAME JENKINS, ROGER
STREET ADDRESS 400 GOODY'S LANE
CITY, ST, ZIP KNOXVILLE TN

☒ DELETE

6.1 TITLE Director
6.2 NAME Robert Koppel
6.3 STREET ADDRESS 2019 Clinch Ave.
6.4 CITY, ST, ZIP Knoxville, TN 37916

☐ Change ☒ Addition

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

Ed Carlin

1/19/96

(423) 966-2000

(DATE)

Telephone Phone No.

CR2E034 (12/95)