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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 37822-1800  
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

02/01/1996

4. FEI Number

62-0783974

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

Suite, Apt. #, etc.

Suite, 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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODFRIEND, ROBERT	
STREET ADDRESS	400 GOODY'S LANE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CALL, HARRY M	
STREET ADDRESS	400 GOODY'S LANE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARLIN, EDWARD R	
STREET ADDRESS	400 GOODY'S LANE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLAYTON, JAMES	
STREET ADDRESS	622 MARKET STREET	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FURROW, SAMUEL J	
STREET ADDRESS	4835 KINGSTON PIKE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPPEL, ROBERT	
STREET ADDRESS	2018 CLUNCH AVE	
CITY-ST-ZIP	KNOXVILLE TN	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cheryl L. Turnbull	
1.3 STREET ADDRESS	10 West Broad Street, Suite 400	
1.4 CITY-ST-ZIP	Columbus, OH 43215	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Irwin L. Lowenstein	
2.3 STREET ADDRESS	4870 Peachtree Street	
2.4 CITY-ST-ZIP	Atlanta, GA 30319	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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:

*Edward R. Carlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

483-966-2000

Daytime Phone #

CR2E034 (9/96)