

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P40461** (6)

1. Corporation Name

THE GREAT WESTERN BOOT COMPANY



Principal Place of Business

**P.O. BOX 40658
INDIANAPOLIS IN 46240**

Mailing Address

**P.O. BOX 40658
INDIANAPOLIS IN 46240**

3. Date Incorporated or Qualified
09/08/1992

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

35-1463628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**PENDLETON, MICHAEL B.
5597 INTERNATIONAL DRIVE
ORLANDO FL 80219**

10. Name and Address of New Registered Agent

81 Name

C.T. Corporation Systems

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd

83

84 City

Plantation

FL

85 Zip Code

33324

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, type or print name of registered agent and date if applicable

Jeffrey R. Graves, Asst. Secretary

4-22-1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**CT
PENDLETON, B. DOUGLAS
9455 HAVER WAY
INDIANAPOLIS IN**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP
MODORY, GARY L.
9455 HAVER WAY
INDIANAPOLIS IN**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DS
MODORY, SUSAN S.
9455 HAVER WAY
INDIANAPOLIS IN**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
PENDLETON, MICHAEL B.
5597 INTERNATIONAL DR.
ORLANDO FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VPF
KINKER, CARL J
9455 HAVER WAY
INDIANAPOLIS IN**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ 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

U.P. Finamo

4/16/96

Date

317-581-2266

Daytime Phone #

CR2E034 (12/95)