

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

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Jan 30 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 # 273369 (9)

1. Corporation Name  
RECO-TRICOTE, INC.

Principal Place of Business  
710 HOSPITAL ST  
PO BOX 25189  
RICHMOND VA 23260-5189

Mailing Address  
710 HOSPITAL ST  
PO BOX 25189  
RICHMOND VA 23260-5189



3. Date Incorporated or Qualified 09/03/1963  
3a. Date of Last Report 01/25/1996

|                                |                     |                                                                                         |                                                                     |
|--------------------------------|---------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number                                                                           | Applied For                                                         |
| 21                             | 26                  | 59-1011133                                                                              | Not Applicable                                                      |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                                      |
| 22                             | 27                  | <input type="checkbox"/>                                                                |                                                                     |
| City & State                   | City & State        | 6. Election Campaign Financing                                                          | \$5.00 May Be Added to Fees                                         |
| 23                             | 28                  | Trust Fund Contribution                                                                 | <input type="checkbox"/>                                            |
| Zip                            | Zip                 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 24                             | 29                  |                                                                                         |                                                                     |

9. Name and Address of Current Registered Agent

MILLER, WOODFORD D III  
86 SHADOW LANE  
LAKELAND FL 33813

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                                        |

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PT                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COURAIN, ROBERT C JR. | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 710 HOSPITAL ST.      | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | RICHMOND VA 23219     | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | S                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CASTINE, W. F. JR.    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 710 HOSPITAL ST.      | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | RICHMOND VA 23219     | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 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: *W.F. Castine, Jr.* W.F. Castine, Jr. Secretary 1/21/97 644-2611 (804)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0498765

CR2E034 (9/96)