

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

FILED

Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/03/1963	Applied For ☐	Not Applicable ☐
4. FEI Number 59-1011133		
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
			FL	

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

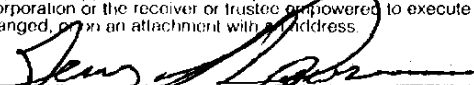
TITLE	PT	☐ DELETE
NAME	COURAIN, ROBERT C JR.	
STREET ADDRESS	710 HOSPITAL ST.	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	S	☒ DELETE
NAME	CASTINE, W. F. JR.	
STREET ADDRESS	710 HOSPITAL ST.	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☒ Change ☐ Addition
1.2 NAME	Courain Jr., Robert C	
1.3 STREET ADDRESS	710 Hospital Street	
1.4 CITY-ST-ZIP	Richmond, VA 23219	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President/Secretary/Director	☐ Change ☒ Addition
3.2 NAME	Miller III, Woodford D.	
3.3 STREET ADDRESS	710 Hospital Street	
3.4 CITY-ST-ZIP	Richmond, VA 23219	
4.1 TITLE	Director	☐ Change ☒ Addition
4.2 NAME	Dawson, Jerry L	
4.3 STREET ADDRESS	710 Hospital Street	
4.4 CITY-ST-ZIP	Richmond, VA 23219	
5.1 TITLE	Vice President	☐ Change ☒ Addition
5.2 NAME	Torok, Robert	
5.3 STREET ADDRESS	710 Hospital Street	
5.4 CITY-ST-ZIP	Richmond, VA 23219	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 in an attachment with address.

SIGNATURE:



3/25/98

(804) 644-2611

CR2E034 (10/97)