

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:48

DOCUMENT # **H91383** (0)
1. Corporation Name
NUTMEG MILLS, INC.

Principal Place of Business Mailing Address
4408 W. LINEBAUGH AVENUE TAMPA FL 33624 **4408 W. LINEBAUGH AVENUE TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/24/1985** 3a. Date of Last Report **03/22/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

4. FEI Number **59-2623446** 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

9. Name and Address of Current Registered Agent
**JACOBSON, RICHARD E.
4408 W. LINEBAUGH AVENUE
TAMPA FL 33624**

10. Name and Address of New Registered Agent
81 Name **Riden, Thomas K.**
82 Street Address (P.O. Box Number is Not Acceptable) **4408 W. Linebaugh Ave.**
83
84 City **Tampa** FL 85 Zip Code **33624**

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 **Thomas K. Riden, Sr. V.P.** DATE **2/3/95**

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	JACOBSON, RICHARD E.
STREET ADDRESS	4408 W. LINEBAUGH AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	PD
NAME	JACOBSON, MARTIN
STREET ADDRESS	4408 W LINEBAUGH AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	PUGH, LAWRENCE R
STREET ADDRESS	1047 N PARK RD
CITY-ST-ZIP	WYOMISSING PA
TITLE	D
NAME	MCDONALD, MACKAY J
STREET ADDRESS	1047 N PARK RD
CITY-ST-ZIP	WYOMISSING PA
TITLE	V
NAME	RIDEN, THOMAS K
STREET ADDRESS	4408 W LINEGAUGH AVE
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	DERHOFER, GEORGE N
STREET ADDRESS	4408 W LINEBAUGH AVE
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Delete
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P D MacFarlan, Daniel G.
2.3 STREET ADDRESS	4408 W. Linebaugh Ave
2.4 CITY-ST-ZIP	Tampa FL 33624
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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 this corporation or the recorder or treasurer thereof, or authorized 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 added.

SIGNATURE: **George N. Derhofer** DATE **2/3/95** **813-969-6122**