

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

FILED
May 14 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 # H91383 (0)
 1. Corporation Name
NUTMEG MILLS, INC.



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

Mailing Address
P.O. BOX 1022 READING PA 19603-1022 US

3. Date Incorporated or Qualified **12/24/1985** 3a. Date of Last Report **05/01/1996**
 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

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when re-issuing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACFARLAN, DANIEL G	
STREET ADDRESS	1047 N PARK RD	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONALD, MACKAY J	
STREET ADDRESS	1047 N PARK RD	
CITY-ST-ZIP	WYOMISSING PA 19610	
TITLE	ASGC	<input type="checkbox"/> DELETE
NAME	RIDEN, THOMAS K	
STREET ADDRESS	4408 W LINEGAUGH AVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VCFD	<input type="checkbox"/> DELETE
NAME	DERHOFER, GEORGE N	
STREET ADDRESS	4408 W LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	F.C. PICKARD III	
STREET ADDRESS	1047 N PARK RD	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	L.M. TARNOSKI	
STREET ADDRESS	1047 N PARK RD	
CITY-ST-ZIP	WYOMISSING PA 1	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	Wyomissing, PA 19610
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	Tampa, FL 33624
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	Wyomissing, PA 19610
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	Wyomissing, PA 19610

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: *[Handwritten Signature]*

610-378-1151

CR2E034 (9/96)