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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **F93000000373 (1)**

1. Corporation Name
RED KAP INDUSTRIES, INC.

Principal Place of Business
545 MARRIOTT DRIVE
NASHVILLE TN 37210

Mailing Address
P. O. BOX 1022
ATTN: TAX DEPT
READING PA 19603
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1993

4. FEI Number: 62-1517281 ☐ 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 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 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	VP/AS	☐ Change ☒ Addition
NAME	R H MATTHEWS		1.2 NAME	F.C. Pickard, III	
STREET ADDRESS	545 MARIOTT DRIVE		1.3 STREET ADDRESS	1047 N. Park Road	
CITY-ST-ZIP	NASHVILLE TN		1.4 CITY-ST-ZIP	Wyomissing, PA 19610	
TITLE	VAS	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	GRISKA, JASON W		2.2 NAME	Kerry L. Mortensen	
STREET ADDRESS	545 MARRIOTT DR		2.3 STREET ADDRESS	545 Marriott Drive	
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP	Nashville, TN	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCPHERSON, CHARLES		3.2 NAME		
STREET ADDRESS	545 MARRIOTT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	VP/	☐ Change ☒ Addition
NAME	TARNOSKI, LORI M		4.2 NAME	C. S. Cummings	
STREET ADDRESS	1047 NORTHPARK ROAD		4.3 STREET ADDRESS	1047 North Park Rd	
CITY-ST-ZIP	WYOMISSING PA 19610		4.4 CITY-ST-ZIP	Wyomissing, PA 19610	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PUGH, L. R.		5.2 NAME	J.P. Schamberger	
STREET ADDRESS	1047 N. PARK RD		5.3 STREET ADDRESS	1047 North Park Road	
CITY-ST-ZIP	WYOMISSING PA		5.4 CITY-ST-ZIP	Wyomissing, PA 19610	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, M.J.		6.2 NAME		
STREET ADDRESS	1047 N. PARK RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WYOMISSING PA		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 on an attachment with an address.

SIGNATURE: [signature] Tax Officer 4/16/98 610-378-1151