

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90201 037 ***150.00

DOCUMENT # F98000001768

1. Corporation Name
VF KNITWEAR, INC.

Principal Place of Business

1047 NORTH PARK ROAD
WYOMISSING PA 19610

Mailing Address

1047 NORTH PARK ROAD
WYOMISSING PA 19610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1998

4. FEI Number

54-1298057

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Walker Road

Suite, Apt. #, etc.

22 City & State

23 Martinsville, Virginia

24 Zip

25 24115

26 Country

27 US

2a. Mailing Address

26 P.O. Box 21488

Suite, Apt. #, etc.

27 Tax Dept

28 City & State

29 Greensboro, NC

30 Zip

31 27420

32 Country

33 US

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

TITLE CD ☐ DELETE
NAME WALKER, L D
STREET ADDRESS PO BOX 5423 - WALKER ROAD
CITY-ST-ZIP MARTINSVILLE VA

TITLE P ☐ DELETE
NAME DERHOFFER, GEORGE N
STREET ADDRESS PO BOX 5423 - WALKER ROAD
CITY-ST-ZIP MARTINSVILLE VA

TITLE VAS ☐ DELETE
NAME PACKARD III, FRANK C
STREET ADDRESS PO BOX 5423 - WALKER ROAD
CITY-ST-ZIP MARTINSVILLE VA

TITLE VAS ☐ DELETE
NAME HOWARD, ROBERT
STREET ADDRESS PO BOX 5423 - WALKER ROAD
CITY-ST-ZIP MARTINSVILLE VA

TITLE VS ☐ DELETE
NAME CUMMINGS, CANDACE S
STREET ADDRESS PO BOX 5423 - WALKER ROAD
CITY-ST-ZIP MARTINSVILLE VA

TITLE D ☐ DELETE
NAME MCDONALD, MACKAY J
STREET ADDRESS PO BOX 5423 - WALKER ROAD
CITY-ST-ZIP MARTINSVILLE VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME D.G. MacFarlan
1.3 STREET ADDRESS 628 Green Valley Rd, Suite 500
1.4 CITY-ST-ZIP Greensboro, NC 27408

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP/Assistant Secretary ☒ Change ☐ Addition
3.2 NAME Packard, Frank C.
3.3 STREET ADDRESS 628 Green Valley Road, Suite 500
3.4 CITY-ST-ZIP Greensboro, NC 27408

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VP/Secretary ☒ Change ☐ Addition
5.2 NAME Cummings, Candace S.
5.3 STREET ADDRESS 628 Green Valley Road, Suite 500
5.4 CITY-ST-ZIP Greensboro, NC 27408

6.1 TITLE Director ☒ Change ☐ Addition
6.2 NAME McDonald, Mackey J.
6.3 STREET ADDRESS 628 Green Valley Road, Suite 500
6.4 CITY-ST-ZIP Greensboro, NC 27408

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, with all other like empowered.

SIGNATURE:

Robert L. Spind
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tax Officer 4/30/99 336-541-6000
Date Daytime Phone #

CR2E034 (11/98)