FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # **H91382** **(2)**

1. Corporation Name
NUTMEG INDUSTRIES, INC.

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

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

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

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

4. FEI Number: **59-2623449** ☐ 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
RIDEN, THOMAS K
4408 W. LINEBAUGH AVENUE
TAMPA FL 33624

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MCFARLAN, DANIEL G	
STREET ADDRESS	1047 N PARK RD	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	D	☐ DELETE
NAME	PUGH, LAWRENCE R	
STREET ADDRESS	1047 N PARK RD	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	D	☐ DELETE
NAME	MCDONALD, MACKEY J	
STREET ADDRESS	1047 N PARK RD	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	V	☐ DELETE
NAME	RIDEN, THOMAS K	
STREET ADDRESS	4408 W LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VCFD	☐ DELETE
NAME	DERHOFER, GEORGE	
STREET ADDRESS	4408 W. LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☐ DELETE
NAME	L.M. TARNOSKI	
STREET ADDRESS	1047 N PARK RD	
CITY-ST-ZIP	WYOMISSING PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	Mac Farlan, Daniel G.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Wyomissing, PA 19610	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Wyomissing, PA 19610	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Wyomissing, PA 19610	
4.1 TITLE	Sr. VP, Asst. Secretary & Gen. Counsel	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Tampa, FL 33624	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Tampa, FL 33624	
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: _____ 610-378-1151

CR2E034 (9/96)