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**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
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
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: _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name, of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MACFARLAN, DANIEL G		1.2 NAME		
STREET ADDRESS	1047 N PARK RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WYOMISSING PA		1.4 CITY-ST-ZIP	Wyomissing, PA 19610	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, MACKEY J		2.2 NAME		
STREET ADDRESS	1047 N PARK RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WYOMISSING PA 19610		2.4 CITY-ST-ZIP		
TITLE	ASGC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIDEN, THOMAS K		3.2 NAME		
STREET ADDRESS	4408 W LINEGAUGH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP		
TITLE	VCFD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DERHOFER, GEORGE N		4.2 NAME		
STREET ADDRESS	4408 W LINEBAUGH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	VP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	F.C. PICKARD III		5.2 NAME		
STREET ADDRESS	1047 N PARK RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WYOMISSING PA		5.4 CITY-ST-ZIP	Wyomissing, PA 19610	
TITLE	S	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	L.M. TARNOSKI		6.2 NAME		
STREET ADDRESS	1047 N PARK RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WYOMISSING PA		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: [signature] 610-378-1151

CR2E034 (9/96)