

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR -7 AM 5:02

DOCUMENT # **P09665** (1)

1. Corporation Name  
**REDMAN RETAIL, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2550 WALNUT HILL LANE SUITE 200 DALLAS TX 75229**  
Mailing Address: **2550 WALNUT HILL LANE SUITE 200 DALLAS TX 75229**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/07/1986</b>	3a. Date of Last Report <b>02/22/1994</b>
4. FEI Number <b>75-2021720</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. 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
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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGESS, THOMAS W.	1.2 NAME	
STREET ADDRESS	2550 WALNUT HILL LN.,200	1.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, PAUL L.	2.2 NAME	
STREET ADDRESS	2550 WALNUT HILL LN.,200	2.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	2.4 CITY, ST, ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, CURTIS W.	3.2 NAME	
STREET ADDRESS	2550 WALNUT HILL LN.,200	3.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	3.4 CITY, ST, ZIP	
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINTON, ROBERT M.	4.2 NAME	
STREET ADDRESS	2550 WALNUT HILL LANE, 200	4.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, FERGUS J.	5.2 NAME	
STREET ADDRESS	2550 WALNUT HILL LN.,200	5.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	5.4 CITY, ST, ZIP	
TITLE	T/S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, J. MARK	6.2 NAME	
STREET ADDRESS	2550 WALNUT HILL LN.,200	6.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 attached voluntary addition.

SIGNATURE: *J. Mark Kirkpatrick* TREASURER 3/20/95 214-353-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON THIS STATEMENT  
*J. MARK KIRKPATRICK*