

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

FILED

Feb 26 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 # P09665

(1)

1. Corporation Name  
REDMAN RETAIL, INC.



Principal Place of Business

2550 WALNUT HILL LANE  
SUITE 200  
DALLAS TX 75229

Mailing Address

2550 WALNUT HILL LANE  
SUITE 200  
DALLAS TX 75229-5094

2. Principal Place of Business

21 2701 UNIVERSITY DR

Suite, Apt. #, etc.

22 SUITE 320

City & State

23 AUBURN HILLS, MI

Zip

24 48326

Country

2a. Mailing Address

26 2701 UNIVERSITY DR

Suite, Apt. #, etc.

27 SUITE 320

City & State

28 AUBURN HILLS, MI

Zip

29 48326

Country

30

3. Date Incorporated or Qualified

04/07/1986

3a. Date of Last Report

02/09/1996

4. FEI Number

75-2021720

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

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

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 PD  
NAME STURGESS, THOMAS W.  
STREET ADDRESS 2550 WALNUT HILL LN.,200  
CITY-ST-ZIP DALLAS TX

☒ DELETE

TITLE S  
NAME BARRETT, PAUL L.  
STREET ADDRESS 2550 WALNUT HILL LN.,200  
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE AS  
NAME GILMORE, CURTIS W.  
STREET ADDRESS 2550 WALNUT HILL LN.,200  
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE DVP  
NAME LINTON, ROBERT M.  
STREET ADDRESS 2550 WALNUT HILL LANE, 200  
CITY-ST-ZIP DALLAS TX

☒ DELETE

TITLE D  
NAME WALKER, FERGUS J.  
STREET ADDRESS 2550 WALNUT HILL LN.,200  
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE T/S  
NAME KIRKPATRICK, J. MARK  
STREET ADDRESS 2550 WALNUT HILL LN.,200  
CITY-ST-ZIP DALLAS TX

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2701 UNIVERSITY DR SUITE 320  
AUBURN HILL MI 48326

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2701 UNIVERSITY DR SUITE 320  
AUBURN HILL MI 48326

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

2701 UNIVERSITY DR SUITE 320  
AUBURN HILL MI 48326

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2701 UNIVERSITY DR SUITE 320  
AUBURN HILL MI 48326

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: By *Mark Kirkpatrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

810-340-9090

CR2E034 (9/96)