FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F93000000373 (1)**

1. Corporation Name
RED KAP INDUSTRIES, INC.

Principal Place of Business
545 MARRIOTT DRIVE
NASHVILLE TN 37210

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

3. Date Incorporated or Qualified: **01/26/1993**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **62-1517281** 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
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required if change of filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	LAWS, D P	
STREET ADDRESS	1047 NORTHPARK ROAD	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	VAS	☐ DELETE
NAME	GRISKA, JASON W	
STREET ADDRESS	545 MARRIOTT DR	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	☐ DELETE
NAME	MCPHERSON, CHARLES	
STREET ADDRESS	545 MARRIOTT DR	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	☐ DELETE
NAME	TARNOSKI, LORI M	
STREET ADDRESS	1047 NORTHPARK ROAD	
CITY-ST-ZIP	WYOMISSING PA 19610	
TITLE	D	☐ DELETE
NAME	PUGH, L. R.	
STREET ADDRESS	1047 N. PARK RD	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	D	☐ DELETE
NAME	MCDONALD, M.J.	
STREET ADDRESS	1047 N. PARK RD	
CITY-ST-ZIP	WYOMISSING PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director & President	☐ Change ☒ Addition
1.2 NAME	R. H. Matthews	
1.3 STREET ADDRESS	545 Marriott Drive	
1.4 CITY-ST-ZIP	Nashville, TN 37210	
2.1 TITLE	Tax Officer	☐ Change ☒ Addition
2.2 NAME	R. Lipinski	
2.3 STREET ADDRESS	1047 N. Park Road	
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		
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		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Richard Lipinski Richard Lipinski 5/1/96 (610) 378-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #