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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 MARIOTT DRIVE  
NASHVILLE TN 37210

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
R H MATTHEWS  
STREET ADDRESS 545 MARIOTT DRIVE  
CITY-ST-ZIP NASHVILLE TN

TITLE ☒ DELETE

NAME VAS  
GRISKA, JASON W  
STREET ADDRESS 545 MARIOTT DR  
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME V  
MCIPHERSON, CHARLES  
STREET ADDRESS 545 MARIOTT DR  
CITY-ST-ZIP NASHVILLE TN

TITLE ☒ DELETE

NAME S  
TARNOSKI, LORI M  
STREET ADDRESS 1047 NORTHPARK ROAD  
CITY-ST-ZIP WYOMISSING PA 19610

TITLE ☒ DELETE

NAME D  
PUGH, L. R.  
STREET ADDRESS 1047 N. PARK RD  
CITY-ST-ZIP WYOMISSING PA

TITLE ☐ DELETE

NAME D  
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 ☐ Change ☒ Addition

1.2 NAME VP/AS  
F.C. Pickard, III  
1.3 STREET ADDRESS 1047 N. Park Road  
1.4 CITY-ST-ZIP Wyomissing, PA 19610

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VP  
Kerry L. Markensen  
2.3 STREET ADDRESS 545 Mariott Drive  
2.4 CITY-ST-ZIP Nashville, TN

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 VP/  
C.S. Cummings  
4.3 STREET ADDRESS 1047 North Park Rd  
4.4 CITY-ST-ZIP Wyomissing, PA 19610

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D  
J.P. Schamberger  
5.3 STREET ADDRESS 1047 North Park Road  
5.4 CITY-ST-ZIP Wyomissing, PA 19610

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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]* 10-378-451

CR2E034 (10/97)