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 MAR 27 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 287207 (5)

1. Corporation Name

L. M. REID & CO., INC.

Principal Place of Business	Mailing Address
401 W. TROPICAL WAY PLANTATION FL 33317	401 W. TROPICAL WAY PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/19/1964
3a. Date of Last Report: 03/24/1994

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: 59-1116092 ☐ 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

ROSS, HERVEY S.
401 W. TROPICAL WAY
PLANTATION FL 33317

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City FL 65 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	ROSS, HERVEY S.	1.2 NAME	ROSS, HERVEY S.	
STREET ADDRESS	401 W. TROPICAL WAY	1.3 STREET ADDRESS	401 W. TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION, FL. 33317	
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	SCHMIDT, MINNIE I	2.2 NAME	SCHMIDT, MINNIE I.	
STREET ADDRESS	5320 NW 11TH STREET	2.3 STREET ADDRESS	1170 N. FEDERAL HWY. APT. 1106	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304	
TITLE		3.1 TITLE	PD	☐ Change ☒ Addition
NAME		3.2 NAME	BROGAN, JAMES T.	
STREET ADDRESS		3.3 STREET ADDRESS	1579 S.W. DYER POINT ROAD	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM CITY, FL. 34990	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Minnie I. Schmidt 3/22/95 305-476-8155
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Minnie I. Schmidt

0226554 CP