**FILED** Mar 01, 1999 8:00 am

**Secretary of State** 

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

**PROFIT** ~ CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L45996**

1. Corporation Name

COLONIAL ACQUISITIONS, INC.

									Hill Elli III
Principal Place of Business Mailing Address									
REED. JOHN L REED. JOHN L									
3776 W COLONIAL DR			3776 W COLONIAL DR				DO NOT MIDITE IN	THE SPACE	
ORLANDO FL 32808			ORLANDO FL 32808				DO NOT WRITE IN THIS SPACE		
us us							3. Date Incorporated or Qualifed 01/29/1990		
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	Ap	plied For
21			26				59-2987941	No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional
22			27				5. Certifcate of Status Desired	Fee Re	equired
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added t	to Fees
Zip	Country		Zip	Coun	try		8. This corporation owes the current ye	ar Intangible	
24	25 29 30			30			Personal Property Tax.	☐ Yes	□No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				1	81	Name			
reed, John L			-	82 Street Address (P.O. Box Number is Not Acceptable)					
3776 W COLONIAL DR					2	Sileet Addit	ess (F.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32808			1	33				
•				<u>\</u>					
					84	City		FL 85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 60	07.1508, Florida Statute	es, the ab	ove	-named corpo	oration submits this statement for the purpo	se of changing its	registered
	egistered agent, or both, in the State m familiar with, and accept the oblig						on's board of directors. I hereby accept the	appointment as re	gisterea
-	m rammar with, and doopt the being	a		iou otala.					
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if	f applicable. (NOTE:	Registered A	gent	signature required	when reinstating) DA	TE.	
12.	, OFFICERS A	ND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12
TITLE	Р		DELETE	1.1 TITL	E			Change	☐ Addition
NAME	REED, JOHN L			1.2 NAM	E	ĺ			
STREET ADDRESS	2238 HONTOON ROD			1.3 STR	FFT,	ADDRESS			ł
CITY-ST-ZIP	DELAND FL			1.4 CITY			2p = 32720		
TITLE	V		DELETE	2.1 TITL		-ar 2	-ib : Da (a O	Change	Addition
NAME	reed, robert A.		<b></b>	2.2 NAM				~ "	
	806 EDGEWATER DR					ADDRESS	·	مسي دوروه بسميني	ę.
STREET ADDRESS	ORLANDO FL			4		ADDRESS	2 200-1		
CITY-ST-ZIP	T ONLANDO FL		☐ DELETE	2.4 CIT		1-ZIP	21p = 32804	Change	☐ Addition
TITLE	DEED DAVISOND D			3.1 TITL				Change	
NAME	REED, RAYMOND D			3 2 NAM					
STREET ADDRESS	1213 CONERSTONE CT			3.3 STR	EET /	ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4. CIT		r-zip Z	p = 32835		
TITLE	\$		□ DELETE	4.1 TITL	E		•	Change	☐ Addition
NAME	reed, John L Jr.			4. 2 NAA	Æ				
STREET ADDRESS	1201 CORNERSTONE CT			4.3 STR	EET.	ADDRESS	_		ľ
CITY-ST-ZIP	ORLANDO FL			4.4 CITY	-ST-	-zip   2	LIP = 32835		
TITLE			DELETE	5.1 TITL	E			☐ Change	Addition
NAME				5.2 NAM	E				
STREET ADDRESS				5.3 STR	EET/	ADDRESS			
CITY-ST-ZIP				5.4 CITY	-ST-	-ZIP			
TITLE			☐ DELETE	6.1 TITL	E			☐ Change	☐ Addition
NAME				6.2 NAM	Ε			- •	
STREET ANNIPESS				6.3 STR	EET/	ADDRESS			Į

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 chapted or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP