

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001914 (9)

1. Corporation Name
REESE'S SUPPORT SERVICES INC.



Principal Place of Business: 7614 SO. 35TH AVENUE TAMPA FL 33619
Mailing Address: 7614 SO. 35TH AVENUE TAMPA FL 33619

3. Date Incorporated or Qualified: 04/17/1995
3a. Date of Last Report: [Blank]
4. FEI Number: [Blank] 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

2. Principal Place of Business: 21 [Blank] 22 [Blank] 23 [Blank] 24 [Blank] 25 [Blank]
2a. Mailing Address: 26 [Blank] 27 [Blank] 28 [Blank] 29 [Blank] 30 [Blank]

9. Name and Address of Current Registered Agent
REESE, LINDA
7614 SO. 35TH AVENUE
TAMPA FL 33619

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] 85 Zip Code: FL [Blank]

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Linda Reese* (NOTE: Registered Agent signature required when reinstating) DATE: 4-17-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	REESE, ROBERT REV.	
STREET ADDRESS	7614 SO. 35TH AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REESE, LINDA	
STREET ADDRESS	7614 SO. 35TH AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, WILLIE M	
STREET ADDRESS	9316 17TH STREET	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Reese* DATE: 4-17-96 (813-621-7679)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)

5-22-96012