FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90093 021 ****61.25

DOCUMENT # N9500001914

1. Corporation Name

REESE'S SUPPORT SERVICES INC.

Principal Place	e of Business	Mailing Address						
7614 SO. 35TH AVENUE 7614 SO. 35TH AVENUE TAMPA FL 33619 TAMPA FL 33619								
2. Principal Pi	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed . 04/17/1995			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For			
22		27		NOT APPLICABLE			t Applicable	
City & State		City & State		5. Certificate of Status Desired \$8.75 Addition Fee Required				
23		Zip Country						
Zip	Country	— · —	ountry		6. Election Campaign Financing Trust Fund Contribution		* \$5.00 Added to	
24]	9. Name and Address of Current	29 30	\neg		10. Name and Address of New R	leaistered A		01003
	5. Name and Address of Current	r Registered Agent	81	Name	Table 2.12 / Table 2.12			
DEFAE LINDA				-1.5.1	/D.O. D. Maria Nat Assessed	.bla\		
REESE, LI			82 Street Add		ess (P.O. Box Number is Not Accepta	iDie)		
	35TH AVENUE		83					
TAMPA FL	. 33619		84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip C	Code
				•		<u> </u>		
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was authoriz lions of, Section 617.0503, Florida St	ted by	the corporatio	n's poard of directors. I hereby accep	t the appoint	ment as rec	jistered - 1
12.	Signature, typed or printed name of registered agen OFFICERS AN		3.	t signature required	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE	D	D DIRECTORS	1 TILE				Change	Addition
NAME	REESE, ROBERT REV.	_	2 NAME					
STREET ADDRESS	7614 SO. 35TH AVENUE	1.3	3 STREET	ADORESS				
CITY-ST-ZIP	TAMPA FL 33619	1.4	CITY-ST	r-zip				
TITLE	D	☐ DELETE 2.1	1 TITLE				Change	☐ Addition
NAME	REESE, LINDA	22	2 NAME					}
STREET ADDRESS	7614 SO. 35TH AVENUE	2.3	3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33619		4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE 3.1	1 TITLE				Change	☐ Addition
NAME	JOHNSON, WILLIE M		2 NAME					1
STREET ADDRESS	6903 CAMERON AVE			ADDRESS	,			
CITY-ST-ZIP	TAMPA FL 33614	The state of the s	4. CITY-S	T-ZIP			Change	Addition
TITLE		·· ··	1 TITLE					
NAME			2 NAME	, ADDRESS				, ,
STREET ADDRESS				ADDRESS	- Committee to the second of t	er take er	ي ريون نبييب	-
CITY-ST-ZIP TITLE			4 CITY-S 1 TITLE	1.71			Change	Addition
NAME			2 NAME				-	
STREET ADDRESS		5.3	3 STREET	ADDRESS				
CITY-ST-ZIP		5.4	4 CITY-S'	T-ZIP		_		
TITLE		DELETE 6.	1 TITLE				Change	☐ Addition
NAME		6.3	2 NAME					
STREET ADDRESS		6.3	3 STREET	ADDRESS	•			
			4 C/TV 6	T 710				

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

SIGNATURE: 2-8-99 813-621-7679