

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P36462

(0)

1. Corporation Name

REED MANUFACTURING COMPANY, INC.

Principal Place of Business

**1030 S VETERANS BLVD
BOX 650
TUPELO MS 38802**

Mailing Address

**1030 S VETERANS BLVD
BOX 650
TUPELO MS 38802**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/26/1991

3a. Date of Last Report
04/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

4. FEI Number
64-0389244

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**

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TAYLOR, GEORGE M.
15450 NEW BARN ROAD
SUITE 218
MIAMI LAKES FL 33014**

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

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
NELSON, EDWARD R.
1030 S VETERANS BLVD
TUPELO MS**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SV
TAYLOR, GEORGE M.
1030 S VETERANS BLVD
TUPELO MS**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CD
REED, WILLIAM R.
1030 S VETERANS BLVD
TUPELO MS**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
REED, R W, JR.
1030 S VETERANS BLVD
TUPELO MS**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
REED, JACK R.
1030 S VETERANS BLVD
TUPELO MS**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

S/T/V

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Deceased

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

C/D

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14, as applicable, or on an attachment to an officer.

SIGNATURE: George M. Taylor, Vice President, Finance

4/18/95

601/842-4472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number