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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000061239

1. Corporation Name

REEDER CONSULTING INC.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90113 009 ***150.00



Principal Place of Business 70 FOX VALLEY DR LONGWOOD FL 32750 2. Principal Place of Business 2. Solida, PA, E. Solida,	700 FOX VALLEY DR. 700 FOX VALLEY DR.				
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2. Principal Place of Business 2. 2a. Mailing Address 4. FEI Number 5. Selection Company of Place of Business 2. Suite, Apt. #, etc. 5. Selection Campaign Financing 5. Additional Suite For Required 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Selection Campaign Financing 7. Sp. 00 May Be Added to Fees 2. Suite, Apt. #, etc. 7. Suite, Apt.					
2 Principal Place of Business 2a, Mailing Address 570 Fbx VALLEY DA. 4. FEI Number 597.35 2017 2 Not Applicable 597.35 2017 2 Not Applicable 597.35 2017 2 Suite, Apt. Ricc. 27 Suite, Apt. Ricc. 28 Lo N & Wood D F L Suite, Apt. Ricc. 28 Lo N & Wood D F L Suite, Apt. Ricc. 28 Lo N & Wood D F L Suite, Apt. Ricc. 28 Lo N & Wood D F L Suite, Apt. Ricc. 28 Lo N & Wood D F L Suite, Apt. Ricc. 29 Country 21p Country 21p Country 21p Personal Property Tax. Yes Modern Yes Yes Modern Yes	•				
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9, Name and Address of Current Registered Agent REEDER, CRAIG L 700 FOX VALLEY DR. LONGWOOD FL 32750 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the perpositions are gistered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS CITY-ST-ZP DELETE 1.1 TITLE DELETE 1.2 NAME 2.3 NAME 2.3 Street ADDRESS CITY-ST-ZP DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE AMME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZP DELETE 3.1 TITLE AMME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZP DELETE 3.1 TITLE AMME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZP Addition Add		Country		angible	
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11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and facely the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with a purpose of changing its registered agent. I agent the appointment as registered agent. I am familiar with a purpose of changing its registered agent. I agent the appointment as registered agent. I agent the appoin	REEDER, CRAIG L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·		
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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 changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CRAIG

☐ DELETE

407-786-9391

Change

Addition