

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001914

**FILED**  
**Jun 13, 2017**  
**Secretary of State**  
**CC1558929624**

**Entity Name:** REESE'S SUPPORT SERVICES INC.

**Current Principal Place of Business:**

7614 SO. 35TH AVENUE  
TAMPA, FL 33619

**Current Mailing Address:**

7614 SO. 35TH AVENUE  
TAMPA, FL 33619

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

REESE, LINDA  
7614 SO. 35TH AVENUE  
TAMPA, FL 33619 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name REESE, LINDA C  
Address 7614 SO. 35TH AVENUE  
City-State-Zip: TAMPA FL 33619

Title D  
Name JOHNSON, DEONNE M  
Address 7304 36TH AVE. SO.  
City-State-Zip: TAMPA FL 33619

Title D  
Name CHARLES, WILLIE M  
Address 6903 CAMERON AVE  
City-State-Zip: TAMPA FL 33614

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA C. REESE

PD

06/13/2017

Electronic Signature of Signing Officer/Director Detail

Date