

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 380380

(6)

1. Corporation Name

PHIL REED EQUIPMENT CO.

Principal Place of Business

**7015 ADAMO DRIVE
TAMPA FL 33619**

Mailing Address

**7015 ADAMO DRIVE
TAMPA FL 33619**



2. Principal Place of Business

2a. Mailing Address

21 **2108 JELANE DR**

26 **2108 JELANE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **VALRICO FL**

28 **VALRICO FL**

24 Zip

25 Country

29 Zip

30 Country

33594

USA

33594

USA

9. Name and Address of Current Registered Agent

**REED, PHILLIP W
2108 JELANE DRIVE
VALRICO FL 33594**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
04/14/1971

3a. Date of Last Report
01/31/1995

4. FEI Number

59-1320679

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and their appointment

(NOTE: Registered Agent signature required when not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD REED, PHILLIP W**
STREET ADDRESS **2108 JELANE DR**
CITY-STATE-ZIP **VALRICO FL**

TITLE ☐ DELETE
NAME **SVD REED, JEAN M**
STREET ADDRESS **2108 JELANE DR**
CITY-STATE-ZIP **VALRICO FL**

TITLE ☒ DELETE
NAME **ID DOUGLAS, JELANE REED**
STREET ADDRESS **2508 SAGEBRUSH RD.**
CITY-STATE-ZIP **PLANT CITY FL**

TITLE ☒ DELETE
NAME **VD DOUGLAS, MICHAEL TODD**
STREET ADDRESS **2508 SAGEBRUSH RD.**
CITY-STATE-ZIP **PLANT CITY FL**

TITLE ☒ DELETE
NAME **V HALL, RICHARD A.**
STREET ADDRESS **4205 S HEATHCOE ROAD**
CITY-STATE-ZIP **PLANT CITY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)