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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2108 JELANE DR
VALRICO FL 33594
US

Mailing Address

2108 JELANE DR
VALRICO FL 33594-3122
US



3. Date Incorporated or Qualified
04/14/1971

3a. Date of Last Report
04/05/1996

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

REED, PHILLIP W
2108 JELANE DRIVE
VALRICO FL 33594

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY- ST- ZIP
☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP
☐ Change ☐ Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY- ST- ZIP
☐ Change ☐ Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP
☐ Change ☐ Addition

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY- ST- ZIP
☐ Change ☐ Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY- ST- ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97

813-684101

Date

Daytime Phone #

CR2E034 (9/96)