

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 74 STONEHOUSE DR Suite, Apt. #, etc. 22 City & State FRANKLIN, NC 23 Zip 28734 24 Country USA		2a. Mailing Address 26 74 STONEHOUSE DR Suite, Apt. #, etc. 27 City & State FRANKLIN, NC 28 Zip 28734 29 Country USA		3. Date Incorporated or Qualified 04/14/1971	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No	

9. Name and Address of Current Registered Agent

REED, PHILLIP W
2108 JELANE DRIVE
VALRICO FL 33594

USE FLORIDA
ADDRESS
BOOK

10. Name and Address of New Registered Agent

81 Name PHILLIP W REED
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	REED, PHILLIP W	1.2 NAME	
STREET ADDRESS	2108 JELANE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	
NAME	REED, JEAN M	2.2 NAME	
STREET ADDRESS	2108 JELANE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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; that the registered office or trustee appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and my full name and address.

SIGNATURE
11/13/98 704-324-2779

CR2E034 (10/97)