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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 380380

1. Corporation Name

PHIL REED EQUIPMENT CO.

Principal Place of Business 74 STONEHOUSE DRIVE FRANKLIN NC 28734 US	Mailing Address 74 STONEHOUSE DRIVE FRANKLIN NC 28734 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1971	
21		26		4. FEI Number 59-1320679	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

REED, PHILLIP W
 2108 JELANE DRIVE
 VALRICO FL 33594

DO NOT CHANGE
 REGISTERED AGENT.
 THANK YOU

Phillip W Reed

10. Name and Address of New Registered Agent

81 Name SELANE R DOUGLAS	85 Zip Code 28734
82 Street Address (P.O. Box Number is Not Acceptable) 74 STONEHOUSE DR	
83 City FRANKLIN NC	

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: *SELANE R DOUGLAS* **SELANE R DOUGLAS** **PRESIDENT** **1-20-99**
Signature, typed or printed name of registered agent (no 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	NAME	1.1 TITLE	1.2 NAME
RD	REED, PHILLIP W	PRESIDENT & SECRETARY	DOUGLAS, SELANE R
STREET ADDRESS	2108 JELANE DR	1.3 STREET ADDRESS	74 STONEHOUSE DR.
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	FRANKLIN, NC 28734
TITLE	NAME	2.1 TITLE	2.2 NAME
RD	REED, JEAN M	DIRECTOR	REED, PHILLIP W.
STREET ADDRESS	2108 JELANE DR	2.3 STREET ADDRESS	74 STONEHOUSE DR
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	FRANKLIN, NC 28734
TITLE	NAME	3.1 TITLE	3.2 NAME
		DIRECTOR	JEAN M. REED
STREET ADDRESS		3.3 STREET ADDRESS	74 STONEHOUSE DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FRANKLIN, NC 28734
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip W Reed **Director** **1/12/99** **828-369-3777**
Date Daytime Phone #

CRZE034 (11/98)