

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 1:57

DOCUMENT # 628756 (9)

1. Corporation Name

REECE MCCAIN, INC.

Principal Place of Business

2845 PALERMO COURT
ORLANDO FL 32806-2562

Mailing Address

2845 PALERMO COURT
ORLANDO FL 32806-2562

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1979

3a. Date of Last Report

02/08/1994

4. FEI Number

59-1916177

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 1259 Lake Willisara Circle

2a. Mailing Address

26 1259 Lake Willisara Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

Country

24 32806-5585

Zip

Country

29 32806-5585

30

9. Name and Address of Current Registered Agent

MCCAIN, CHARLES REECE
2845 PALERMO COURT
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

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

1259 Lake Willisara Circle

83

84 City

Orlando

FL

85 Zip Code

32806-5585

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 P
NAME MCCAIN, CHARLES REECE
STREET ADDRESS 2845 PALERMO COURT
CITY-ST-ZIP ORLANDO FL

TITLE VP
NAME MCCAIN, GLORIA
STREET ADDRESS 2845 PALERMO COURT
CITY-ST-ZIP ORLANDO FL

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME McCain, C. Reece

1.3 STREET ADDRESS 1259 Lake Willisara Circle

1.4 CITY-ST-ZIP Orlando, FL 32806-5585

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 1259 Lake Willisara Circle

2.3 STREET ADDRESS Orlando, FL 32806-5585

2.4 CITY-ST-ZIP Orlando, FL 32806-5585

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 110.07(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 on an attachment with an address.

SIGNATURE:

Gloria McCain GLORIA MCCAIN

Date

1/25/95

Signature Number

407-648-8933