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Jan 21 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 # 637157

(9)

1. Corporation Name

REESE CITRUS INSULATORS, INC.

Principal Place of Business

2940 PARKWAY ST
P.O. BOX 2352
LAKELAND FL 33811
US

Mailing Address

2940 PARKWAY ST.
P.O. BOX 2352
LAKELAND FL 33811-1390



3. Date Incorporated or Qualified

09/17/1979

3a. Date of Last Report

01/26/1996

4. FEI Number

59-1945373

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

2a. Mailing Address

26 5888 LK VICTORIA PL

27 Suite, Apt. #, etc.

28 City & State

LAKELAND FL

29 Zip

Country

30 33813

POLK

9. Name and Address of Current Registered Agent

REESE, RAND L.
5888 LAKE VICTORIA PLACE
LAKELAND FL 33813

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 of person or persons changing registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

RAND L. REESE

1/13/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME REESE, STANTON L.
STREET ADDRESS 3505 BRIDGEFIELD DR
CITY-ST-ZIP LAKELAND FL

TITLE STD ☐ DELETE

NAME REESE, LUCILLE E.
STREET ADDRESS 3505 BRIDGEFIELD DR
CITY-ST-ZIP LAKELAND FL

TITLE V ☐ DELETE

NAME REESE, RAND L.
STREET ADDRESS 5888 LK VICTORIA PL
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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

RAND L. REESE

Date

Daytime Phone #

1/13/97

941 670 4097

CR2E034 (9/96)