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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DOCUMENT # 1. Corporation Name	689	14	3

REIDY, INC.

•			

790 E LEIRGH DR	790 E LEHIG
Principal Place of Business	Mailing Add

790 E LE(0GH P.O. BOX 5321 DELTONA FL 32728 **DELTONA FL 32728**

Principal Place of E	Business	2a. Mailing A	ddres
1		26	
Suite Apt #, etc		Suite, Apl	#, e
2		27	
City & State		City & Sta	ate
3		28	
Zıp	Country	Zip	
4	25	29	

9. Name and Address of Current Registered Agent

HACHE-REIDY, HELGA 790 E LEHIGH DR **DELTONA FL 32738**

Katherine Harris	
Secretary of State	FILED
WOLLOT CODDOCTATIONS	FILEU

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DO NOT WRITE IN THIS SPACE

	59-2308868			Applied For Not Applicabl
5.	Certificate of Status Desired	[]		Additional Required
6.	6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
8.	This corporation owes the cure Personal Property Tax	ent year f	ntarīgible K l Yes	[]No
10.	Name and Address of New R	tegistere	d Agent	

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. Thereby accept the appointment as registered agent, and accept the obligations of Section 607,0505, Florida, Statutes.

Country

82 Street

83

84 City

Name

30

12.	Signature, typed or pioned more of more track agont and the in apple OFFICERS AND DIRECTO	•	Registered Ap. 18 quid in tequal 13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	[] DELETE	11111,8	[Change [Add tion
NAME.	HACHE-REIDY, HELGA		12.NAME	G00002811176 7
STREET ADDRESS	790 E. LEHIGH DR		13 STREET ASIDRESS	-03/13/9901093004
CITY-ST-ZIP	DELTONA FL		- 14 O(1Y+ST+Z)#	****150.00 ****150.00
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NAME			2.7 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			2.4 C(17 - ST- 26)	
TITLE		LIDELETE	317.716	[Change
NAME)			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-51-ZiF	
TITLE		[DELETE	4 1 TiftE	[] Change [] Addition
NAME			4 2 NAME	
STREET ADDRESS			4357REELATRIRESS	
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NAME			5.2 NAME	
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TITLE		[DELETE	6 1 Till E	[] Change //]. Add jon
NAME.			6.2 NAVE	7/9f (9°)
STREET ADDRESS			63 STREET ADDRESS	15 111 .
OF 72 VIII			64 CBY: \$1.7.P	υ,

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

407-574-0990

85 Zip Code