

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 696611 (3)
1. Corporation Name
D. REYNOLDS ENTERPRISES, INC.

Principal Place of Business 1895 GULF SHORE BLVD SOUTH NAPLES FL 33940	Mailing Address 1895 GULF SHORE BLVD SOUTH NAPLES FL 34102-7563
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 370 12th Ave S. 23 City & State Naples, FL 24 Zip 34102		2a. Mailing Address 26 Suite, Apt. #, etc. 27 370 12th Ave S. 28 City & State Naples, FL 29 Zip 34102		3. Date Incorporated or Qualified 07/29/1981		3a. Date of Last Report 04/15/1996	
				4. FEI Number 59-2148035		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

REYNOLDS, DORIS
1895 GULF SHORE BLVD S
NAPLES FL 33940

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 370 12th Ave S.	83	84 City Naples	85 Zip Code FL 34102
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P REYNOLDS, DORIS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	370 12TH AVE S	1.2 NAME	
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V REYNOLDS, W. D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	370 12TH AVE S	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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:  REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/29/97 (941) 241-8054
Date Daytime Phone #

CR2E034 (9/96)