FICE ...W: FILING FEE AFTER MAY 1 IS $225.00

...PORATION AN... REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F13509 (7)

1. Corporation Name
REED DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
P O BOX 8957 NAPLES FL 33941	P O BOX 8957 NAPLES FL 33941

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/02/1981
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business	2a. Mailing Address
21 26750 US Hwy. 19 North	26 P.O. Box 4910
Suite, Apt. #, etc. 22 Suite 350	Suite, Apt. #, etc. 27
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip / County 24 34621 / 25	Zip / County 29 34618 / 30 USA

4. FEI Number: 59-2048947 ☐ 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REED, ROBERT M II 695 BROAD AVE SO PO BOX 8957 NAPLES FL 33941	81 Name: Leo J. Salvatori 82 Street Address (P.O. Box Number Is Not Acceptable): 4501 N. Tamiami Trail 83 Suite 300 84 City: Naples FL 85 Zip Code: 33940

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] DATE: 4-6-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D/S ☒ Change ☐ Addition
NAME	REED, ROBERT M II	1.2 NAME	Robert M. Reed II
STREET ADDRESS	695 BROAD AVE. SO.	1.3 STREET ADDRESS	26750 US Highway 19 N., #350
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: [signature] 2/16/95 813-797-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert M. Reed II, President

048007 PP