

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90075 012 ***150.00

DOCUMENT # F55615

1. Corporation Name

REED W. MAPES, INC.

Principal Place of Business

435 10TH AVE. W.
P.O. BOX 277 (MAILING ONLY)
PALMETTO FL 34220

Mailing Address

435 10TH AVE. W.
P.O. BOX 277 (MAILING ONLY)
PALMETTO FL 34220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1981

4. FEI Number

59-2138495

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 525 8th St W

Suite, Apt. #, etc.

22 Bradenton, FL

City & State

Zip Country

24 34205 25 US

2a. Mailing Address

26 525 8th St W

Suite, Apt. #, etc.

27 Bradenton, FL

City & State

Zip Country

29 34205 30 US

9. Name and Address of Current Registered Agent

MAPES, REED W
9917 SPOONBILL RD E (HOME ADDRESS)
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name REED W. MAPES

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

83 525 8th St W

84 City BRADENTON FL

85 Zip Code 34205

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 ☐ DELETE

NAME MAPES, REED W.
STREET ADDRESS 9917 SPOONBILL RD E
CITY-ST-ZIP BRADENTON FL

TITLE S ☐ DELETE

NAME MAPES, MARY D.
STREET ADDRESS 9917 SPOONBILL RD E
CITY-ST-ZIP BRADENTON 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 525 8th St W

1.4 CITY-ST-ZIP BRADENTON, FL 34205

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 525 8th St W

2.4 CITY-ST-ZIP BRADENTON, FL 34205

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)