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C.S.L.

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JUN 22 PM 4:04

DOCUMENT # F93000003162 (5)

1. Corporation Name

REECE, NOLAND & MCELRATH, INC.

Principal Place of Business

**111 N. HAYWOOD STREET
WAYNESVILLE NC 28786-0540**

Mailing Address

**P.O. BOX 540
WAYNESVILLE NC 28786-0540**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1993	3a. Date of Last Report 01/28/1994
4. FEI Number 56-1033094	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 § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'MEARA, TOM ST. BRENDAN'S ISLE, INC. 2175 KINGSLEY AVENUE #317 ORANGE PARK FL 32073	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ DATE _____
Signature, typed or printed name of registered agent and the fee applicable: (NOTE: Registered Agent Signature required when restoring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		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 under the Florida Uniform Fraud Prevention Act. I further certify that the information indicated on this annual report or supplementary report is true and accurate, and that my signature shall have the same legal effect as if I were the duly authorized officer or director of the corporation. In the event of further information required to complete this report or to comply with the provisions of the Florida Uniform Fraud Prevention Act, I shall promptly comply with such requirements.

SIGNATURE: **C. Jeff Reece, Jr.** 01/13/95 704-456-9851
Signature and typed or printed name of signing officer or director