

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 02, 1999 8:00 am  
Secretary of State

03-02-1999 90187 020 \*\*\*150.00

DOCUMENT # F93000003162

1. Corporation Name

REECE, NOLAND & MCEL RATH, INC.



Principal Place of Business  
409 N HAYWOOD STREET  
WAYNESVILLE NC 28786-0540  
US

Mailing Address  
P.O. BOX 540  
WAYNESVILLE NC 28786-0540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1993

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

O'MEARA, TOM  
ST. BRENDAN'S ISLE, INC.  
1008 LORING AVE., STE 29  
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	CP	<input type="checkbox"/> DELETE
NAME	MCEL RATH, W L JR	
STREET ADDRESS	409 N HAYWOOD STREET	
CITY-ST-ZIP	WAYNESVILLE NC 28786-0540	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	REECE, C. JEFF JR	
STREET ADDRESS	409 N HAYWOOD STREET	
CITY-ST-ZIP	WAYNESVILLE NC 28786-0540	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KAUFMAN, STEPHEN C	
STREET ADDRESS	409 N HAYWOOD STREET	
CITY-ST-ZIP	WAYNESVILLE NC 28786-0540	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REECE, JUDITH W	
STREET ADDRESS	409 N HAYWOOD STREET	
CITY-ST-ZIP	WAYNESVILLE NC 28786-0540	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHARLES W GARRETT	
5.3 STREET ADDRESS	409 N HAYWOOD ST	
5.4 CITY-ST-ZIP	WAYNESVILLE NC 28786-0540	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KEVIN W BROCK	
6.3 STREET ADDRESS	409 N HAYWOOD ST	
6.4 CITY-ST-ZIP	WAYNESVILLE NC 28786-0540	

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:

C. JEFF REECE, JR.

1/12/99

Date

828 456 9851

Daytime Phone #

CR2E034 (11/98)

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