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000987

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 029 ***150.00

DOCUMENT # F94000000932

1. Corporation Name
AMF REECE, INC.

Principal Place of Business

8080 AMF DR
MECHANICSVILLE VA 23111
US

Mailing Address

P.O. BOX 15778
RICHMOND VA 23227

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1994

4. FEI Number

54-1529599

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

C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME ARMSTRONG, BEVERLY W
STREET ADDRESS 901 EAST CARY STREET, SUITE 1400
CITY-ST-ZIP RICHMOND VA 23219

TITLE AS ☐ DELETE
NAME TOY, CHERYLE K
STREET ADDRESS 901 E. CARY ST.
CITY-ST-ZIP RICHMOND VA 23219

TITLE TCFO ☒ DELETE
NAME POWELL, GERRY
STREET ADDRESS 3306 FRENCHTOWN RD
CITY-ST-ZIP AYLETT VA

TITLE AS ☐ DELETE
NAME SMITH, ALAN / WOODS C
STREET ADDRESS W PARK RING RD
CITY-ST-ZIP LEEDS EN

TITLE P ☐ DELETE
NAME FULLERTON, SCOTT
STREET ADDRESS 12524 AMERSHIRE LANE
CITY-ST-ZIP GLEN ALLEN VA 23060

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
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME TCFO
3.3 STREET ADDRESS Mayo Silvey
3.4 CITY-ST-ZIP 3145 Judes Ferry Road
Powhatan, VA 23139

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

Scott Fullerton, President

JAN 14, 1999

Date

(804) 559-5227

Daytime Phone #

CR2E034 (11/98)