

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

DOCUMENT # H26355

 1. Corporation Name
IRENE H. REESE, INC.

FILED

99 MAR -4 AM 11:19

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

 2401 W. MIDWAY RD.
 FT. PIERCE FL 34981

Mailing Address

 2401 W. MIDWAY RD.
 FT. PIERCE FL 34981

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

10/19/1984

4. FEI Number

59-2476565

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

9. Name and Address of Current Registered Agent

 WHITLEY, THEL THOMAS, JR.
 1102 DRIFTWOOD LN.
 FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name

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

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

THEL THOMAS WHITLEY, JR.

(NOTE: Registered Agent signature required when reappointing)

1/7/98

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE

 NAME REESE, IRENE H.
 STREET ADDRESS 2401 W. MIDWAY RD
 CITY-ST-ZIP FT. PIERCE FL

 TITLE ☐ DELETE

 NAME DP
 STREET ADDRESS 5030 W. VIRGINIA DR.
 CITY-ST-ZIP FT. PIERCE 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

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

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: THEL T. WHITLEY, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)