

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  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90084 032 \*\*\*150.00

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DOCUMENT # J46129

1. Corporation Name

MASTELLER, MOLER & REED, INC.

Principal Place of Business

% EARL M. MASTELLER  
1623 N US ONE, SUITE B-2  
SEBASTIAN FL 32958

Mailing Address

% EARL M. MASTELLER  
1623 N US ONE, SUITE B-2  
SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1986

4. FEI Number

59-2745954

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 2205 14<sup>th</sup> Ave.

Suite, Apt. #, etc.

22

City & State

23 Vero Beach, FL

Zip

24 32960

Country

25 US

2a. Mailing Address

26 2205 14<sup>th</sup> Ave.

Suite, Apt. #, etc.

27

City & State

28 Vero Beach, FL

Zip

29 32960

Country

30 US

9. Name and Address of Current Registered Agent

MASTELLER, EARL H  
1623 N US ONE  
SUITE B-2  
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name

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

2205 14<sup>th</sup> Ave.

83

84 City

Vero Beach, FL

85

Zip Code

32960

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 DV ☐ DELETE

NAME MASTELLER, EARL H.

STREET ADDRESS 869 ROBIN LANE

CITY-ST-ZIP SEBASTIAN FL

TITLE DP ☐ DELETE

NAME REED, RODNEY LYNN

STREET ADDRESS 706 FISCHER CIRCLE

CITY-ST-ZIP SEBASTIAN FL

TITLE DST ☐ DELETE

NAME MOLER, STEPHEN E

STREET ADDRESS 5125 TRADEWINDS RD

CITY-ST-ZIP VERO BEACH 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

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:

*Earl H. Masteller* EARL H. MASTELLER 4/27/99 561/567-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)