FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Feb 05 1998 8:00am

	1998		DIVISION OF CORPORATIONS			NS	Secretary of State		
 Corporatio 	MENT #REDDI, INC.	J82351	(4)					l Bibi. a su casa de la casa de l	4.64 (48)
20 SOUTH DI	e of Business		Mailing Address 20 SOUTH DILLARD STR	EET				. 614ti Billi Aid	ii atast (8.8)
PO BOX 7710	007 DEN FL 34777-1007	PO BOX 771007 WINTER GARDEN FL 34777-1007				DO NOT WRITE IN THIS	SPACE		
US	UEN FC 34///-100/	US				3. Date Incorporated or Qualified	J-ACE		
						07/07/1987			
2. Principal P	lace of Business		2a. Mailing Address				4. FEI Number	Aı	oplied For
21			26				59-2828969		ot Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State	e		City & State		—		& Floation Compaign Figureing		
23	•		28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Cour	ntry	Zip	Cou	ntry		8. This corporation owes or has paid the cur		
24	25		29	30			Personal Property Tax due June 30.	Yes [No
	9. Name and Add		Registered Agent		541		10. Name and Address of New Registered	Agent	
	CHFORD, JAMES I	И.			81	Name			
235 N DILLARD ST WINTER GARDEN FL 34787					82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
1411	MILIT CAMPLIATE	34707			83				
				ļ					-
					84	City	FL	85 Zip	Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was autho agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 						named corp	poration submits this statement for the purpose o	f changing i	ts registered
agent. I a	egistered agent, or bo im familiar with, and a	ocept the obligation	ons of, Section 607.0505, Fi	autnonzec orida Stati	utes.	ine corporat	tion's board of directors. I hereby accept the app	ioiniment as	registered
SIGNATURE									
12.	Signature, typed or printed na	OFFICERS AND D		E: Registered	Agen	t signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND) DIDECTOR	20 INI 20
TITLE	г D	OFFICERS AND E	DELETE	1.1 TIT	LE	- T	ADDITIONO/OFTANGES TO OFF TOLEND AND	Change	☐ Addition
NAME	PITCHFORD, JA	MES M.		1,2 NA					
STREET ADDRESS	235 N DILLARD			1.3 ST	REET A	ADDRESS			li li
CITY-S1-ZIP	WINTER GARDE	n fl		1,4 CIT	ry-st	- ZIP			
TITLE	STD		☐ DELETE	2.1 TIT	LE			Change	Addition '
NAME	PITCHFORD-DUI			2.2 NA					
STREET ADDRESS	3409 REX DRIVE WINTER GARDE	-				ADDRESS			
CITY-ST-ZIP	DP DP	IN IL	DELETE	2, 4 CI 3,1 TiT		[-ZIP		Change	Addition
NAME	DUNN, LARRY I.			3.2 NA		ŀ		diango	
STREET ADDRESS	3409 REX DRIVE			4		ADDRESS			1
CITY-ST-ZIP	WINTER GARDE	N FL		3.4. CI		1			
TITLE			☐ DELETE	4.1 TIT				Change	Addition
NAME	•		1	4, 2 N/	4ME				
STREET ADDRESS				4.3 ST	AEET A	NODRESS	•		
CITY-ST-ZIP				4.4 CIT		- ZIP		ТТаки	4.000
TITLE			☐ DELETE	5.1 TIT		1		Change	Addition
NAME				5.2 NA		LODDENG			
STREET ADDRESS				1		ADDRESS			1
CITY-ST-ZIP TITLE			DELLTE	5.4 CIT 6.1 TIT		-211		Change	Addition
NAME				6.2 NA					
STREET ADDRESS	,					ODRESS			}
CITY-ST-ZIP		·		6.4 CIT		l l			

14. Thereby 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, gothern attachment with an address.