FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L25045** **(0)**

1. Corporation Name

CONNREED CORPORATION

Principal Place of Business	Mailing Address
% HARRY S. CLINE 10190 IMPERIAL PT DR WEST #7 LARGO FL 34644-4919	% HARRY S. CLINE 10190 IMPERIAL PT DR WEST #7 LARGO FL 34644-4919

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/23/1989**

3a. Date of Last Report: **02/02/1995**

4. FEI Number: **06-1070331** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLINE, HARRY S.
400 CLEVELAND STREET
#800
CLEARWATER FL 34615

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRIPP, FREDERICK W.		1.2 NAME		
STREET ADDRESS	10190 IMPERIAL PT DR W#7		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TRIPP, MILDRED		2.2 NAME		
STREET ADDRESS	10190 IMPERIAL PT DR W#7		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	TRIPP, NORMAN R.		3.2 NAME		
STREET ADDRESS	2 BODEN STREET		3.3 STREET ADDRESS	39 Enmore Street	
CITY-ST-ZIP	BEVERLY MA		3.4 CITY-ST-ZIP	Andover MA 01810	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TRIPP-MELBY, PAMELA JANE		4.2 NAME		
STREET ADDRESS	5416 HUNTINGTON PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Frederick W. Tripp FREDERICK W. TRIPP 2/23/96 (813) 595-4719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

V. PRES./TREASURER