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Feb 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 % HARRY S. CLINE
10190 IMPERIAL PT DR WEST #7 10190 IMPERIAL PT DR WEST #7
LARGO FL 34644-4919 LARGO FL 34644-4919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1989
4. FEI Number
06-1070331
5. Certificate of Status Desired ☐ \$8.75 Additional
Not Applicable Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 33774-4919 25 33774-4919 29 33774-4919 30

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE VTD
NAME TRIPP, FREDERICK W.
STREET ADDRESS 10190 IMPERIAL PT DR W#7
CITY-ST-ZIP LARGO FL
TITLE PD
NAME TRIPP, MILDRED
STREET ADDRESS 10190 IMPERIAL PT DR W#7
CITY-ST-ZIP LARGO FL
TITLE D
NAME TRIPP, NORMAN R.
STREET ADDRESS 39 EMROSE ST
CITY-ST-ZIP ANDOVER MA
TITLE D
NAME TRIPP-MELBY, PAMELA JANE
STREET ADDRESS 5416 HUNTINGTON PKWY
CITY-ST-ZIP BETHESDA MD
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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 33774-4919
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33774-4919
3.1 TITLE ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 39 ENMORE STREET
3.4 CITY-ST-ZIP 01810
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 20814
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.

SIGNATURE: Frederick W. Tripp Sec./ Treasurer 2-19-98 (813) 595-4779

CP2E034 (1097)