

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 # **L31387** (8)

1. Corporation Name

REID & ASSOCIATES, INC.



Principal Place of Business

**230 BAILEY ST
SAFETY HARBOR FL 34695
US**

Mailing Address

**230 BAILEY ST
SAFETY HARBOR FL 34695
US**

3. Date Incorporated or Qualified

11/20/1989

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

21 3437 ASPEN TRAIL
Suite, Apt. #, etc.

2a. Mailing Address

26 3437 ASPEN TRAIL
Suite, Apt. #, etc.

4. FEI Number

59-2978087

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

City & State

23 CLEARWATER, FL

City & State

28 CLEARWATER, FL

Zip

24 34621

Country

25 PINELAS

Zip

29 34621

Country

30 PINELAS

9. Name and Address of Current Registered Agent

**REID, ANN S
230 BAILEY ST
SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent

81 Name

ANN REID

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

**3437 ASPEN TRAIL
E**

83

84 City

CLEARWATER

FL

85 Zip Code

34621

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Ann S. Reid

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

5/3/96

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D REID, ANN S**
STREET ADDRESS **230 BAILEY ST**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 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)(k), 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:

Ann S. Reid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/96
Date

813-797-8861
Daytime Phone

CR2E034 (12/95)