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 # **L36773** **(4)**

1. Corporation Name

D. A. REED CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
12050 86TH AVE N SEMINOLE FL 34642 US	P O BOX 7446 SEMINOLE FL 34645 US

3. Date Incorporated or Qualified: **12/14/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2970652** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 10404 Hettrick Cir E	26 10404 Hettrick Cir E
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Largo FL	28 Largo FL
24 Zip 33774 34644	29 Zip 33774 34644
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent

REED, DAVID A.
12050 86TH AVE N
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 10404 Hettrick Cir E

83

84 City Largo FL 85 Zip Code 34644

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 individual who signs, capacity or relationship to corporation) (DATE: Required if Agent's signature not dated when document signed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	REED, DAVID		1.2 NAME		
STREET ADDRESS	12050 86TH AVE N		1.3 STREET ADDRESS	10404 Hettrick Cir E	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	Largo FL 34644	
TITLE	VS	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	REED, PATTI		2.2 NAME		
STREET ADDRESS	12050 86TH AVE N		2.3 STREET ADDRESS	10404 Hettrick Cir E	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	Largo FL 34644	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, RANDOLPH		3.2 NAME		
STREET ADDRESS	5612 CIRIMOYA LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME			5.2 NAME	200001884712	
STREET ADDRESS			5.3 STREET ADDRESS	-07/05/96--01030--011	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00	
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		

3-96 JP

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 added on an attachment with an address.

SIGNATURE: David Reed, President
Patricia Reed, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 Date

813-593-7967 Daytime Phone #

CR2E034 (12/95)