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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90080 013 ***150.00

DOCUMENT # L36773 1. Corporation Name

D. A. REED CONSTRUCTION, INC.

Principal Place	of Business	Mailing Address		I I BAILEDIL AND KILLE ALEK LONKI LONGO IZIL ALEK) 01811 01011 \$1811 01011	81817 1487
10404 HETTRICK CIR E 10404 HETTRICK CIR E						
LARGO FL 33774 LARGO FL 33774				DO NOT INDITE IN THE SPACE		
US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
				12/14/1989		
2. Principal Pl	ace of Business	2a, Mailing Address	-	4. FEI Number	Applie	ed For
138	17 Wildwood Dr.	26 13817 Wildwoo	9 PC	59-2970652	Not A	pplicable
Suite, Apt.	111111111	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Add	litional
22		27		5, Certificate of Status Desired	Fee Requi	ired
City & State City & State				6. Election Campaign Financing	\$5.00 ма	
23 Lan	90, Fl.	28 Largo, M.		Trust Fund Contribution	Added to F	ees
			untry	This corporation owes the current year Personal Property Tax.		No
24 331	25 25 Name and Address of Current		- 	10. Name and Address of New Registere		
	. J. Hame and Address of Current	1708:191919 LiBorit	81 Name	2 2 2	^	
REEL), DAVID A.		Padare		<u>i rees</u>	
10404 HETTRICK CIR E			Street Addr	ress (P.O. Box Number is Not Acceptable)		
LARGO FL 33774			83	/ WITHOUSE DI.		•=
	•					
	•		84 City	ran F	L 85 Zip Coo	
11. Pursuant	to the provisions of Sections 607 0502	2 and 607.1508, Florida Statutes, the	above pamed com	poration cultimits this statement for the nurnose	of changing its rec	gistered
' office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was authorize	ed by the condoration	on's board of directors. I hereby accept the app	ointment as regist	tered
agent. i a	m tamiliar with, and accept the obligat	ions of, Section do7.0000, 1 longa ota	110103.			}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registers	ed Agent signature require	d when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS 13		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVS	☐ DELETE 1.11	TITLE		Change	Addition
NAME .	REED, DAVID	1.21	NAME			1
STREET ADDRESS	10404 HETTRICK CIR E	. 1.3 1	STREET ADDRESS			
CITY-ST-ZIP	LARGO FL	1.41	CITY-ST-ZIP			
TITLE	T	DELETE 2.1	TITLE		Change	☐ Addition
NAME	HOWARD, RANDOLPH	2.21	NAME			
STREET ADDRESS	5612 CIRIMOYA LN	2.3	STREET ADDRESS			1
CITY-ST-ZIP	SEMINOLE FL		CITY-ST-ZIP			
TITLE	··	☐ DELETE 3.1	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS	•	3.33	STREET ADDRESS			į
C/TY-ST-Z/P			CITY-ST-ZIP			☐ Addition
TITLE	· · · · · · · · · · · · · · · · · · ·		IIILE		Change	Addition
NAME		•	NAME			
STREET ADDRESS			STREET ADDRESS			Ì
CITY-ST-ZIP			CTTY-ST-ZIP		Change	Addition
TITLE			TITLE			L MORION
NAME			NAME STREET ADDRESS			. [
STREET ADDRESS	起口地里就是各种					
	Marin Control of Marin State Control of the		CITY-ST-ZIP		Change	Addition
TITLE	\$700 6 0000000000000000000000000000000000		NAME	•		
NAME	The contract that it					}
STREET ADDRESS			STREET ADDRESS			ļ.
CITY-ST-7IP		6.4	CITY-ST-ZIP			ļ

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP