# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
Division Of Corporations

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M19121** **(6)**

1. Corporate Name

**REID & JONES CONSTRUCTION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5529 N.W. 84TH AVE.<br>MIAMI FL 33166 | 5529 N.W. 84TH AVE.<br>MIAMI FL 33166 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/08/1985**
3a. Date of Last Report: **04/05/1994**

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

4. FEI Number: **59-2565525** ☐ 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 intangibles tax under § 199.032, Florida Statutes. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| REID, GERALD L.<br>19441 W ST ANDREWS DR.<br>MIAMI FL 33015 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Section 607.0502 and/or 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. OFFICER AND DIRECTORS | | 13. ADDITIONS, CHANGES, DELETIONS AND/OR CORRECTIONS |
|---|---|---|
| Title | PD | ☐ Change ☐ Addition |
| Name | REID, GERALD L. | |
| Street Address | 19441 W ST ANDREWS DR. | |
| City-State-Zip | MIAMI FL | |
| Title | STD | ☐ Change ☐ Addition |
| Name | JONES, HAROLD | |
| Street Address | 17420 S.W. 54TH ST. | |
| City-State-Zip | FT. LAUDERDALE FL | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-State-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-State-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-State-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-State-Zip | | |

14. I/We hereby certify that the information supplied with this filing is accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I/We 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 above, or on an attachment with an address.

**SIGNATURE:** X Gerald L Reid 5 MAY 95

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Gerald L. Reid

Date: 5/12-2285

Telephone #

0101031 CP