FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 08 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8) M65249 REED ENTERPRISES OF NAPLES, INC. Principal Place of Business Mailing Address 433 EAST LAS COLINAS BOULEVARD 433 E. LAS COUNAS BLVD SUITE 900 #9M IRVING TE 75039 DO NOT WRITE IN THIS SPACE IRVING TX 75039 3. Date Incorporated or Qualified ЦŜ 01/20/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 800 W. ASR PORT 800. W. AIRPORT FWY 22-2964251 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 1100 1100 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FRUING IRVI NG 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NAME REED, THOMAS 1.2 NAME ₩ U100 BOO W. AIRPORT FWI 493 E LAS COLINAS BLVD STREET ADDRESS 1.3 STREET ADDRESS **JRVING-TX** CITY-ST-ZIP TRUING, TX 1.4 CITY-ST-ZIP DELETE TITLE ____Change ☐ Addition 21 TITLE NAME REED. THOMAS 2.2 NAME 800W Airport FWY #1100 STREET ADDRESS %433 E. LAS COLINAS BLVD 2.3 STREET ADDRESS TRVING TX 75062 IRVING-TX CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TATLE 3 1 TITLE DONOVAN, MINDA NAME 3.2 NAME 800 W. AiRPORT FWY, 499-E-LAS-OOLINAS BLVD STREET ADDRESS 3 3 STREET ADDRESS IRVING TX 7506 IRVING TX CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition TITLE ☐ DELETE 4.1 TITLE LEE REBECCA NAME 4. 2 NAME AiRPO STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7/P DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

SIGNATI IRE:

2/12/90