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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90044 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000007804

1. Corporation Name
C.B. & REID, INC.

Principal Place of Business

1726 E 7 AVE
STE 13
TAMPA FL 33605
US

Mailing Address

1726 E 7 AVE
STE 13
TAMPA FL 33605
US

2. Principal Place of Business:

21 2152 CR 557 N

Suite, Apt. #, etc.

22 Polk City, FL

23 City & State

24 Zip 33868 25 Country

2a. Mailing Address

26 PO Box 588

Suite, Apt. #, etc.

27 Lake Alfred, FL

28 City & State

29 Zip 33850 30 Country

9. Name and Address of Current Registered Agent

BRETT, CHARLES M.
12705 SHADOWCREST CT.
RIVERVIEW FL 33569

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

59-3151865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 Charles M. Brett CHARLES M. BRETT PRES. 5/5/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BRETT, CHARLES M
STREET ADDRESS 12705 SHADOWCREST CT
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE V ☐ DELETE

NAME REID, EDWARD T JR
STREET ADDRESS 800 S. DAKOTA AVENUE #237
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 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 Charles M. Brett CHARLES M. BRETT PRES 5/5/99 941-956-8880
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)