

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 20 PM 10:15

**DOCUMENT # P93000015349 (2)**

1. Corporation Name

**READ IT AND REAP, INC.**

Principal Place of Business

2831 LINCOLN ST  
HOLLYWOOD FL 33020

Mailing Address

2831 LINCOLN ST  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/22/1993** 3a. Date of Last Report **03/14/1994**

4. FEI Number **65-0391287** 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  
21 **2437 SW 30th Ave**  
Suite, Apt. #, etc.  
22  
City & State **FT Lauderdale FL**  
23  
Zip **33312** Country **America**  
24  
25  
26 **2437 SW 30th Ave**  
Suite, Apt. #, etc.  
27  
City & State **FT Lauderdale, FL**  
28  
Zip **33312** Country **America**  
29  
30

9. Name and Address of Current Registered Agent

**WILSON, JOHN J  
2831 LINCOLN ST  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
81 Name **Wilson John J.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2437 SW 30th Ave**  
83  
84 City **FT Lauderdale** FL 85 Zip Code **33312**

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 of **John J. Wilson** (Name of registered agent and the # of associates)

(NOTE: Registered Agent signature required when registering)

DATE **6/14/95**

12. OFFICERS AND DIRECTORS

|                 |                               |
|-----------------|-------------------------------|
| TITLE           | <b>D</b>                      |
| NAME            | <b>WILSON, JOHN J</b>         |
| STREET ADDRESS  | <b>2831 LINCOLN ST</b>        |
| CITY - ST - ZIP | <b>HOLLYWOOD FL 33020</b>     |
| TITLE           | <b>D</b>                      |
| NAME            | <b>LABESKIS, ROBERT A</b>     |
| STREET ADDRESS  | <b>6111 NW 32ND TER</b>       |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL 33020</b> |
| TITLE           |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |
| TITLE           |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |
| TITLE           |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |
| TITLE           |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | <b>2437 SW 30th Ave</b>                                                      |
| 1.4 CITY - ST - ZIP | <b>FT Lauderdale FL 33312</b>                                                |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP |                                                                              |

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 110.07(3)(b), Florida Statutes. I further certify that the information filed 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 named, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE OF REGISTERED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John J. Wilson President**

**305-AI-2177**