

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000038914 (6)

1. Corporation Name

H.P. REID CO., INC.



Principal Place of Business

1 COMMERCE BLVD  
PALM COAST FL 32137

Mailing Address

P O BOX 352440  
PALM COAST FL 32135-2440  
US

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

06/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

22-3260851

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRITTON, J K  
1301 GULF LIFE DR  
SUITE 1500  
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and officer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

LICHTER, VALDIN  
1 COMMERCE BLVD  
PALM COAST FL 32137

TITLE

D

☐ DELETE

NAME

LICHTER, BARBARA  
1 COMMERCE BLVD  
PALM COAST FL 32137

TITLE

CFO

☐ DELETE

NAME

BEARD, RANDY  
1 COMMERCE BLVD  
PALM COAST FL

TITLE

☐ DELETE

NAME

TITLE

☐ DELETE

NAME

TITLE

☐ DELETE

NAME

TITLE

☐ DELETE

NAME

TITLE

☐ DELETE

NAME

TITLE

☐ DELETE

NAME

TITLE

☐ DELETE

NAME

TITLE

☐ DELETE

NAME

TITLE

☐ DELETE

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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/96

904-445-2000

Daytime Phone #

CR2E034 (12/95)