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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # 1. Corporation Name	P9300003	8914 (6)				
H.P. REID CO., INC	•					
Frinopal Place of Business	Mail	ing Address				
1 COMMERCE BLVD PALM COAST FL 32137	P	P O BOX 352440 PALM COAST FL 32135-2440 US				
2. Principal Place of Business	2a. <sup>1</sup>	Mailing Address				



				US				3. Date Incorpo	rated or Qualified	3a. Date	of Last Re	port	
								06/01/1	993	0	5/19/199	95	
. Principal Pla	ice of Business		2a	, Mailing Addres	SS			4. FEI Number	<del>.                                    </del>		A	oplied For	
			26	~				22-32	60851		N	lot Applicable	
L	i, etc.	27	Suite, Apt. #,	etc.				5. Certificate of Status Desired See Fee I					
City & State	<del></del>			City & State				6. Election Can	paign Financing		\$5.00	) May Be	
Crty to Cheme			28					Trust Fund C				I to Fees	
Zφ.	Cox	untry		Zip		Country		8, This corpora	tion has liability for	intangible ta	k under s	199.032,	
,	25		29		30	]		Florida Statu		. □No			
	g. Name and Ad	dress of Curr	ent Regi	stered Agent				10. Name and	Address of New F	Registered A	\gent		
						81	Name						
CHRITTON, J K						82	82 Street Address (P.O. Box Number is Not Acceptable)						
	ULF LIFE DR						0000070	arodo (					
SUITE						83							
	ONVILLE FL 3220	7				84	City				85 Zip	Code	
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4. 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 arrival report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde oath; that I am an officer or director of the corpy thion 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, of an artischment with an address.

SIGNATURE:

UHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 904-445-2000 Daytone Phone I