

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

002986

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90003 026 ***300.00

DOCUMENT # **P93000038914**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1993	
21		26		4. FEI Number 22-3260851	Applied For No Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. 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	85 Zip Code
		FL	

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. (NOT Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	LICHTER, VALDIN			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1 COMMERCE BLVD			1.1 TITLE	
CITY-ST-ZIP	PALM COAST FL 32137			1.2 NAME	
TITLE	D	<input type="checkbox"/> DELETE		1.3 STREET ADDRESS	
NAME	LICHTER, BARBARA			1.4 CITY-ST-ZIP	
STREET ADDRESS	1 COMMERCE BLVD			2.1 TITLE	
CITY-ST-ZIP	PALM COAST FL 32137			2.2 NAME	
TITLE	CFO	<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
NAME	BEARD, RANDY			2.4 CITY-ST-ZIP	
STREET ADDRESS	1 COMMERCE BLVD			3.1 TITLE	
CITY-ST-ZIP	PALM COAST FL			3.2 NAME	
TITLE		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
NAME				3.4 CITY-ST-ZIP	
STREET ADDRESS				4.1 TITLE	
CITY-ST-ZIP				4.2 NAME	
TITLE		<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
NAME				4.4 CITY-ST-ZIP	
STREET ADDRESS				5.1 TITLE	
CITY-ST-ZIP				5.2 NAME	
TITLE		<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
NAME				5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE	
CITY-ST-ZIP				6.2 NAME	
TITLE		<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
NAME				6.4 CITY-ST-ZIP	
STREET ADDRESS					
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Randy BEARD

2/15/99

Date

704-445-2000

Daytime Phone #

CR2E034 (11/98)