

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000000172 (4)

1. Corporation Name

MICHAEL REIDY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

4706 PERSIMMON WAY
TAMPA FL 33624

4706 PERSIMMON WAY
TAMPA FL 33624

3. Date Incorporated or Qualified
01/01/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5500-A AIRPORT BLVD
Suite, Apt. #, etc

26 P.O. BOX- 273743
Suite, Apt. #, etc

4. FEI Number
59-3216870

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 TAMPA
City & State

28 TAMPA
City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33634
Zip

25 U.S.A.
Country

29 FLORIDA
Zip

30 HILLSBOROUGH
Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, JOSEPH M
601 BAYSHORE BOULEVARD
SUITE 975
TAMPA FL 33606

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 the 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
NAME REIDY, MICHAEL
STREET ADDRESS 4706 PERSIMMON WAY
CITY-ST-ZIP TAMPA FL 33624

11 TITLE SEC-TREAS.
12 NAME MICHAEL REIDY
13 STREET ADDRESS 4306 DAKHUBST TERRACE LOVE
14 CITY-ST-ZIP TAMPA, FLA- 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE PRESIDENT
22 NAME JAMES JOSEPH HUFF
23 STREET ADDRESS 4710 DEERWALK AVE
24 CITY-ST-ZIP TAMPA, FLA- 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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 617, 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

6-17-96

813-247-2500

CR2E034 (3/96)