

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$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 AM 11:10

DOCUMENT # P94000028906 (3)

1. Corporation Name

REDDLE AND ASSOCIATES, INC.

Principal Place of Business

308 JOHN KING ROAD
CRESTVIEW FL 32536

Mailing Address

308 JOHN KING ROAD
CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

2. Principal Place of Business

21 128 John King Rd

Suite, Apt. #, etc.

22 Suite 12

City & State

23 Crestview FL

Zip

24 32536

County

25 Okaloosa

2a. Mailing Address

26 128 John King Rd

Suite, Apt. #, etc.

27 Suite 12

City & State

28 Crestview FL

Zip

29 32536

County

30 Okaloosa

4. FEI Number

59-3234556

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. The corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REDDLE, JENNIFER
308 JOHN KING ROAD
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name Jennifer Reddell
82 Street Address (P.O. Box Number is Not Acceptable)
128 John King Rd
83
84 City Crestview FL 85 Zip Code 32536

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 Corporation

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	REDDLE, JENNIFER
STREET ADDRESS	308 JOHN KING ROAD
CITY ST ZIP	CRESTVIEW FL 32536
TITLE	D
NAME	KEMP, TERRY L
STREET ADDRESS	602 HENDERSON ST APT B
CITY ST ZIP	CRESTVIEW FL 32536
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

11 TITLE	D	☒ Change ☐ Addition
12 NAME	Jennifer Reddell	
13 STREET ADDRESS	128 John King Rd	
14 CITY ST ZIP	Crestview FL 32536	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
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 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

6-14-95 (904) 682-9449

Date

Signature Number

CR2004 (3/95)