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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000046510 (1)

DOUGLAS & REESE INC.

Principal Place of Business

5419 9TH ST ZEPHRYHILLS FL 33540 US		5419 9TH ST ZEPHRYHILLS FL 33540- US	ZEPHRYHILLS FL 33540-4350						
					3. Date incorporated or Qualified 06/17/1994		e of Last I 0/1996	Report	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number		A	pplied For		
21		26		59-3267735		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	la .	City & State			6. Election Campaign Financing			- -	
23		— — ·	28		Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	y	8. This corporation has liability for i	intangible t			
24	25	29	30				No	0. 100.002,	
<u> </u>	9. Name and Address of Curr				10. Name and Address of New Re	gistered A	genl		
THO	DMAS D. REESE		81	Name					
5419 9TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
	PHYRHILLS FL 33540		02	Street Address (F.O. Box Number is Not Added)					
 -			B3						
			84	City		FL	85 Zip	Code	
11. Pursuant office or r agent I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607.1508, Florida Stati te of Florida Such change was gations of, Section 607.0505, F	ules, the above authorized b lorida Stalute	e-named cor y the corpora s.	poration submits this statement for the patients board of directors. I hereby acceptions	urpose of out the appo	changing intment a	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered a	igent and tale if applicable (NC	Off: Registered Ag	ent signature requ	ired when rainstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	PVST	DELETE	1111111				Change	☐ Addition	
NAME	REESE, THOMAS D.		1.2 NAME						
STREET ADDRESS	5419 9TH ST		1.3 STREE	I ADDRESS					
CITY-ST-ZIP	ZEPHYRHILLS FL		1.4 CITY-	ST - ZIP					
TITLE	VD	☐ DELETE	2.1 TITLE	"			Change	Addition	
NAME	REESE, THOMAS D		2.2 NAME						
STREET ADDRESS	2438 CRYSTAL SPRINGS RO	DAD	2.3 STRFE	T ADDRESS					
CITY-ST-ZIP	ZEPHYRHILL FL 33540		2. 4 CITY-	ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
TITLE	{	DELETE	3.1 TITLE	}		l	Change	■ Addition	
NAME			32 NAME						
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP		Destre	3.4. CITY-	\$1-2IF			T 01	1.220	
TITLE		☐ DELETE	4.1 THILE	-		Ţ	Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	51-711		——	Change	Addition	
NAME			5.1 HILL 5.2 NAME	ļ		L	viiolige	L HOUSEUIT	
				LADDOCCO					
STREET ADDRESS			9	I ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 DAY-1 6.1 TITLE	51-2IP			Change	Addition	
NAME		□ v(())	6.2 NAME			·	Gridings	L.J Addition	
STREET ADDRESS]		1	1 ADDRESS					
AURITIAININESS	1		■ 6.3 STREE	L BUILDONS T					

6.4 city-51-zip

14. I do 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.

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(die)200 1 2 -