

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000077390 (O)**

1. Corporation Name

B & C REED, INC.

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office of Incorporation: **4500 HIGHWAY 92 EAST, #1028 LAKELAND FL 33801**
Mailing Address: **4500 HIGHWAY 92 EAST, #1028 LAKELAND FL 33801**

3. Date incorporated or qualified	3a. Date of Last Report
10/20/1994	
4. FE Number	Applied For
65-0530289	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. This corporation has liability for estate tax under 5-1095 QP, Florida Statutes	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent

**REED, JAMES
2206 SUNNYBANK COURT
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number, Not Applicable)

83. City

84. State

85. Zip

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD REED, BRYAN	NAME	☐ Change ☐ Addition
STREET ADDRESS	4500 HIGHWAY 92 EAST, #1028	STREET ADDRESS	
CITY	LAKELAND FL 33801	CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP		ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0502, Florida Statutes. I further certify that the information indicated was not obtained in violation of any law 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, of this report or in any document with which this report is filed.

SIGNATURE: _____
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR